1	1		MARYLAND STATE DEF ARCH AND RECORDS, 301	PARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE, MARYLAND 21	201
= M=		09262	CERTIFICATE	OF DEATH	09254
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the hospital or ottending physician. NRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral e. 3 should be detached for use os the buriol-transit permit. Then please remove corbon papers. Pages I and a with the State Dept. of Health priar to buriol, cremation, or removal; and in any event, within 72 hours after death.		D. COUNTY ANNE ARUNDEL COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Resider o. STATE MARYLAND. COUNTY)	a Armel
by the f Pages ours afte		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give PASADENA	ve neorest town)
filled in 1 papers.	6	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	give street oddress) HOSPITAL	d. STREET ADDRESS 229 MEADOW Rd	e. IS RESIDENCE ON A FARM? YES NO
cuted within 24 haurs after ompletely filled in by the fur ve corbon papers. Pages 1 event, within 72 hours after		3. NAME OF DECEASED (Type or print) CARPIE	Middle LEE A	DAIR OF JULY	Doy Year 9 1966
e executed withi and completely f remove corbon n ony event, with		S. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED		S DATE OF BIRTH 8-23-1882 9. AGE (In yeors look bighday) Nonths 15 UNDER Months	Days Hours Min.
eath certificate be executed by the control of the please remoon removal, and in ony		during most of working life, even if retired)	(IND OF BUSINESS OR NDUSTRY	ALABAMA	DUNTRY? USA.
physical phy		13. FATHER'S NAME JOSEPH AYERS		14. MOTHER'S MAIDEN NAME MARY E. AYER	S
attending permit. T		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)	SOCIAL SECURITY NO. 17. IN	NFORMANT Recols Address	
equires that the death copysician. Signed by the attending buriol-transit permit. The buriol, cremation, or rem		18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r (o), (b), and (c).) EART FAI	ILURE	INTERVAL BETWEEN ONSET AND DEATH
ysician ysician jned by riol-tra		Conditions, if ony, which gove) DUE TO A 27	ERIO-CARD	10 VASCULAR DISEASE	
ding pheen signer the burner to burn		rise to immediate couse (o), stoting the underlying couse lost.			
The la ottendary has by se os lth prior		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) N. ARTERIOSCLEROSIS	19. WAS AUTOPSY PERFORMED? YES NO
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the d Poge 4 may be retoined by the hospital or oftending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attainector, page 3 should be detached for use os the buriof-transit personal be filed with the State Dept. of Health priar to buriof, cremation,		200. ACCIDENT WAS UNDERLYING 20b. D OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		Enter noture of injury in Port I or Port II of item 18.)	
VG PHY / the ho er this of detack ate Depri	d	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 20d. While of wo	Not While forto	E OF INJURY (Home, form, pry, street, office bldg., etc.) (City or town) (Co	ounty) (Stote)
TENDIA ined by Nr. Aftr ould be the St		21. I certify that (I) (this haspital) atter saw the deceased alive an	nded the deceased fram	death accurred at 3 6 6 , ta 1 6 6 , 19 death accurred at 3 6 6 6 from causes and an	
OR AT be reto URECTC e 3 sh ed with		220. SIGNATURE	M.D	O. PHYS. DIRECTOR PHYS. D	DATE SIGNED
O HOSPITAL OF Poge 4 may be D FUNERAL DIR director, poge should be filed		22c. PHYSICIAN'S NAME (Type) L, BENEDIC!	M.)	Crownsvelle SteIs Krop	dal
Poge / Poge direct		230. BURIAL, CREMATION, REMOVAL (Specify) 7/13/66	Edge ment em	ETERY ANNISTON . HLA	
VR A15 (4) 20 M 1/66		Thomas Kenny he-1600	Hollans ST BALTE	and date JUL 1 1 1966 25b. REGISTRAR'S	

* T. T. T. 16500

AND THE PROPERTY OF THE PARTY O

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 23255 09263 CERTIFICATE OF DEATH death. executed within 24 haurs after death physician and campletely filled in by the funeral en please remave carban papers. Pages I and aval, and in any event, within 72 haurs after death 2. USUAL RESIDENCE (Where deceased fived, if institution; Residence before admission) 1. PLACE OF DEATH o. COUNTY ne Arundel Maryland Baltimore City MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 15 Write RURAL and give gegrest town) rl. Baltimore d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? Crownsville State Hospital 2721 Round Road YES NO W 3. NAME OF First Middle Lost 4 DATE Month DECEASED (Type or print) 3-#09621 Scott Allen ,66 Isabelle DEATH 9. AGE (In years lost birthdoy) S SEX JE UNDER 1 YEAR | JE UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 8. DATE OF BIRTH Months Doys Hours Negro Female WIDOWED DIVORCED 12. CITIZEN OF WHAT 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Fayetteville. N.C. U.S.A The law requires that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending phys permit. Then p ian, ar remaval, Boant Wright Annangum IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes no or unknown) (If yes give wor or dotes of service) signed by the attent burial-transit permit burial, crematian, a UnNonen Hospital Records 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN Heart Failure ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Arterio-Cardio Vascular Disease Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse as the priar tal has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? CERTIFICATION detached far use te Dept. af Health Inanition due to Chronic Mental Disease YES 📉 NO F TO FUNERAL DIRECTOR: After this certificate FOR A may be retained by the haspital or 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While should be de /ith the State [ot work ot work 1/4 1946 7/16 1966, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased fram. . ta be filed with the 7/16 1965, and that death accurred at 5:45 M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 7/18/66 22o. SIGNATURE **ATTENDING** STAFF X DIRECTOR M.D. 22d ADDRESS 22c. PHYSICIAN'S Crownsville State Hospital, Maryland NAME (Type) Benedict. M. D. directar, shauld b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 7-21-66 Arbutus Mem. Park Baltimore, Maryland 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 966 25b. REGISTRAR'S SIGNATURE 2 VR A15 (4) Charles R. Law 802 Madison Ave. 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE DEATH 09264 OF requires that the death certificate be executed within 24 hours after death." physician and completely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission nne o. COUNTY a. STATE MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits, outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) VERN 10W715V1 ove carbon popers. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS CROWNSVILLE NO YES NAME OF First Middle DATE Month Last Doy Year DECEASED OF 1960 NDERSON (Type ar print) DEATH S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED Months Days Haurs Opy WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT and in during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME Home 14. MOTHER'S MAIDEN NAME cremation, or remavol, Then the offending WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ddress (Yes, no. or unknown) (If yes give wor or dates of service CAUSE OF DEATH (Enter only one cause per line for (a), (b), INTERVAL BETWEEN and (c).) buriol-tronsit puriol, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o attending physician. MYDCARDIAL DUE TO signed Conditions, if ony, which gove (b) rise ta immediate cause (a). DUE TO as the prior to stoting the underlying couse hos been last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? OR ATTENDING PHYSICIAN: The be detoched for use State Dept. of Health YES -NO O FUNERAL DIRECTOR: After this certificate by the hospitol or 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or tawn) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office bldg., etc.) Nat While 21. I certify that (1) (this haspital) attended the deceased fram. 1966. to ro Hospital or Attend Poge 4 may be retained plnods director, page 3 should should be filed with the 19 66 and that death accurred at 635 M, fram causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. 22d ADDRESS PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stgte) July 12,1966 emetel-Burla 24. EUNERAL DIRECTOR REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 INFOATE JU

9:35,11

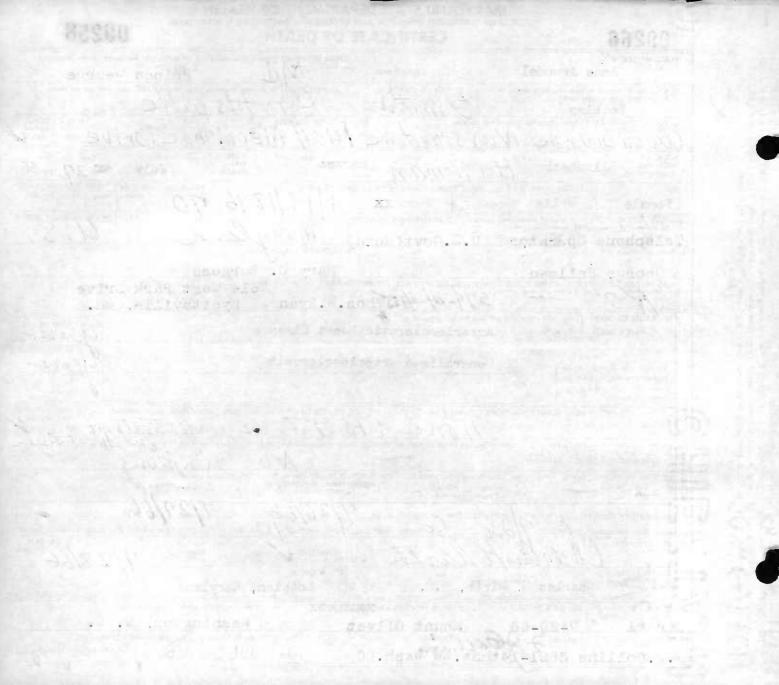
ALLEY DESTRUCTION OF THE PARTY OF THE PARTY

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Maryland and 3 to Department of death. Anne Arundel MARYLAND Anne Arundel c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corparate limits, c. LENGTH OF STAY IN 16 write RURAL and give mearest town) Arnold d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours Office olong with form Box 26 YES 🗍 NO [Item 18. Give Poges Anne Arundel General 24 hours ofter death 3. NAME OF Middle Last 4. DATE Manth Doy Year within 72 DECEASED 19 66 (Type or print) Anderson DEATH Jacob Ju₁v S SEX AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Davs Haurs Negro Male WIDOWED DIVORCED event 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF during most of working life, even if retired) INDUSTRY pages I FATHER'S NAME 14. MOTHER'S MAID! be executed within gud WAS DECEASED EVER IN U.S. ARMED FORCE INFORMAN Yes, na, ar unknown) (If yes give war ar dates af service) or removal, 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY (SDII) Broncho' pneumonia Acute IMMEDIATE CAUSE (a) _ e, writing the word forwarded to the Cl This certificate should burial, cremotion, DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse last. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) NO please execute the certificate. 0 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTR!BUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) ogent, prior 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) 20c. TIME OF INJURY Manth, Day, Year (County) (State) factory, street, affice bldg., etc.) Nat While 5 moy be retoined for your O FUNERAL DIRECTOR: Page ot work 21. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry [ond in my opinion the funerol director. death resulted from: Notural causes X Suicide Undetermined manner Accident Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Heolth or i Russell S. Fisher, M.D. DEPUTY MEDICAL EXAMINER July 18, 1966 **EXAMINER'S** Address (Street, city, tawn, ar caunty) NAME (Type) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATOR) 23d OLOGATION (City or Town) 2Sa. REC'D BY REGISTRAR 1966 VR ATSME (5)

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

09258

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY Anne Arundel MARYLAND	o. STATE Prince George
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)
Lothian Dannul	HYDTTS ville 16-2
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS
Wood Dourne Nursing Home	1404 MErrimac Drive VES NO ID
3. NAME OF DECEASED (Type or print) Elizabeth First Hailman	Barnes Lost OF DEATH July 25 27 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	1 9 1/8 96 (ast-birthday) Months Days Haurs Min.
10a. USDAYOCCUPATION (Biye kind af wark dane 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Telephone Operator U.S.Govt(Ret	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Hailman	Mary C. Burgess
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	
(Yes, no, or unit flown) (If yes, give wor or dates of service)	7614 West Park Drive
	os.W.Ryan Hyattsville, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] A PART I. DEATH WAS CAUSED BY: Arterioscleration	Heart Disease Interval Between ONSET AND DEATH
IMMEDIATE CAUSE (a)	Gears Gears
4200 DUE TO	
Conditions, if ony, which) Generalized Artic	Prioscierosis
gave rise to immediate cause (a), stating the under-	
lying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	Fortient was under treatment YES NO
20g. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II of item 18.) M. Most disease
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	No injures
	ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)
Haur a. m. 19 While Nat while fact wark at wark	ctary, street, affice bldg., etc.)
	nb/// nbn//
21. I certify that (1) (this haspital) attended the deceased fram	
saw the deceased alive an	death accurred at A. M, from the couses and on the date stated above.
220. SIGNATURE Mar and Wirth	M.D. PHYS. MED. STAFF 7/2 8/66 SIGNED
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Charles H. Wirth, M.D.	Lothian, Maryland
REMOVAL (Specify)	
Burial 7-29-66 Mount Oliv	
24. FUNERAL DIRECTOR'S SIGNATURE S GADDRIESS F. J. Collins 3821-74thSt. NW Wash. D	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
F.J.Collins 3821474thSt. NW Wash.D	C DATE JUI 29 1966 Charley Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY PM3. Poge death. Anne Arundel MARYLAND Marvland Anne anundel b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) write RURAL and give negrest town after Bembe's Beach. Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in bospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? in Item 18. Give Pages 1, r's Office along with form hours NO TY YES \square ate hours after death. 3. NAME OF 4. DATE First Lost Manth Day Year 72 DECEASED within (Type or print) 19 Frank DEATH July Bembe 9. AGE (In years 5 SEX 8. DATE OF BIRTH IF UNDER YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Days Hours WIDOWED DIVORCED male white 1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (Stote or fareign country) during most of warking life, even if retired) COUNTRY? INDUSTRY rd "pending" in pencil in Chief Medical Examiner's seafood(self-emp waterman

13. FATHER'S NAME Annapolis, Maryland USA 14. MOTHER'S MAIDEN NAM pencil i be executed within Lula Windson ond Gustave Bembe IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give war ar dates af service or removol. 216-16-4006 pro: T. Albert Bembe - Bembe's Beach Anna. Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). WERVAL BETWEEN INSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) e, writing the ward farwarded to the Cl This certificate should cremation, DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse 0 buriol, o 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? the certificote, NO its designated ogent, prior to pe pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) 3 should PRIMARY ar CONTRIBUTING should CAUSE OF DEATH. 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, form, (County) 20c. TIME OF INJURY Month, Day, Year (City or tawn) (Stote) Haur a.m. factory, street, affice bldg., etc.) Not While FUNERAL DIRECTOR: Page ot wark pleose execute Inspection (21. I certify that Ltoak tharge of the remains described above, held an Autapsy for Inquiry and in my apinian the funeral director. death resulted from Natoral causes Accident Suicide . Undetermined manner Hamicide moy be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER Heolth or EXAMINER'S NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 50 REMOVAL (Specify) Cedar Bluff Ceme terv Buria Annapolis 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR Hopping VR A15ME (S) 1966 6M 1/66 Hopping Funeral Home - Annapolis

UCSCO - 1000 CONTRACTOR OF THE REPORT OF THE PROPERTY OF THE P

CALLED THE RESIDENCE OF THE PARTY OF THE PAR

The product of the second seco

are a 10 daile of a releval to the

simplestation in the contract to the second state of the second state of the second se

ATTENDED TO THE PARTY OF THE PA

Gray is most visu som in lively layer.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09269 CERTIFICATE OF DEATH filled in by the funeral papers. Pages 1 and 2 vithin 72 haurs after death and death The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH g. COUNTY b. COUNTY Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn)

Riviera Beach c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 1b Riviera Riviera Beach VIS. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? 8426 Arbutus Road 8426 Arbutus Road NO IX 4. DATE Middle Manth Year 3 NAME OF event, will attending physician and campletely sermit. Then please remove carban DECEASED 66 MARY BLANCHARD July HELEN 19 DEATH (Type or print 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last_birthdoy) Doys Nov. 11, 1888 White WIDOWED DIVORCED Female 11. BIRTHPLACE (County & State, or fareign cauntry) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired)
Housewife None S. Baltimore, Md. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Doneski Anna Address 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, ar unknawn) (If yes give war or dates af service 10 Same Mr. Harry C. Blanchard signed by the after burial-transit perm burial, cremation, a INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO atherosclerosis Conditions, if any, which gove rise ta immediate cause (a), DUF TO stoting the underlying couse has been the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? CERTIFICATION directar, page 3 shauld be detached far use shauld be filed with the State Dept. af Health NO X TO FUNERAL DIRECTOR: After this certificate be retained by the haspital ar 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING (T) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or tawn) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year foctory, street, office bldg., etc.) Not While at wark ATTENDING at work 1966, to 7/21 , 1966, that (I) (+m) last 21. I certify that (1) (This hospital) attended the deceased from June 1966, and that death accurred at 3 PM, fram causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 220 SIGNATURE STAFF PHYS. **ATTENDING** 7/22/1966 M.D. DIRECTOR PHYS. 22d. APDRESS TO HOSPITAL Page 4 may b 22c. PHYSICIAN'S C. Earl Hill NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23b. DATE THEREOF (County) 23a. BURIAL, CREMATION, Woodlawn, Balte. Co., Md. REMOVAL (Specify) Woodlawn Cemetery July 25. 1966 25b. REGISTRAP'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 1966 hool Ritchie Hwy. (21225) George J. Gonce DATE 20 M 1/66

5 2 5			69262			
Commercial	milessi		Isonal wed			
	de di atsi viri					
	suell autorica egil		med escribus aside			
			YEST			
	Transfer at America		and entire lating			
	All products		11 1 110 10			
	Eggs and shareds se	, bis				
		2				
200 miles						
	.coaloo sedero	max out de	Control of the contro			

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
09270
CERTIFICATE OF DEATH
()9263

								7
1. PLACE OF I		£	MARYLANI	a. STATE M	NCE (Where deceased IARYLAND			
FORT	TDWN (if outside corpor URAL and give nearest to GEORGE G ME.	ADE	c. LENGTH DF STAY IN :	c. CITY DR TOWN (If outside corporate	e limits, write RUF	RAL and give	e nearest town)
d. NAME O	F HOSPITAL OR INSTITUT	ON (If not In ho	spital, give street addre	ss) d. STREET ADDRES	S		0.	IS RESIDENCE ON A FARM?
KIM	BROUGH ARMY	HOSPITAL		1401	ISTED RD		YI	ES NO NO
3. NAME DF DECEASED (Type or pr		irst JOHN	Middle	Last BORDEN	4. DATE DF DEATH	Month JULY	Day 9	Year 19 66
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. ACE	(In years IF UND	ED 1 VEAD II	FUNDER 24 HRS.
MALE	CAU	WIDDWED	DIVORCED	1 NOV 188	1 8	birthday) Month	s Days	Hours Min.
during most of	UPATION (Cive kind of wor working life, even if retire ETIRED	ed) INI	ND OF BUSINESS OR DUSTRY	and the second	County & State, or for	reign country) 12.	COUNTRY?	?
15 WAS DECEA	NKNOWN ASED EVER IN U.S. ARMED F	OPCE 2 16 C	OCIAL SECURITY NO. 1	7. INFORMANT	KNOWN	Address		
(Yes, no. or unko	(If yes give war or dates	of service)	9-16-6172B	LOUISE BORD	EN 1401 IS	Address STED RD G	LEN BU	RNIE MD
	E DF DEATH (Enter only o I. DEATH WAS CAUSED B IMMEDIATE CAUSE 33/	Y: E (a)		LURE			INTER ONSE	T AND DEATH
gave rise	, if any, which to immediate	(b)	CARDIAC A	RREST			3	3 HRS
underlying	cause last.	(c)	ARHYTHMIA					
PART II. OT	HER SICNIFICANT CONDIT		INC TO DEATH BUT NOT R	ELATED TO THE TERMINAL	DISEASE CONDITIO	N CIVEN IN PART 1	(a) 19. YES	WAS AUTDPSY PERFORMED?
	DENT WAS UNDERLYING DENTING CAUSE DE DES BUTING CAUSE DE DES , NOTIFY MEDICAL EXAM	TH	SCRIBE HOW INJURY DO	CCURRED. (Enter nature	of Injury In Part I o	or Part II of Item	18.)	
	OF INJURY Month, Day, a.m. p.m. 19	While r	- Not While - fa	PLACE OF INJURY (Home, ctory, street, office bldg.,	farm, 20f. (City etc.)	or town) (County)	(State)
	21. I certify that 10 (this hospital) attended the deceased from 5 JULY , 19 66, to 9 JULY , 19 66, that 01 (we) last saw the deceased alive on 9 JULY 19 66, and that death occurred at 2:55M from the causes and on the date stated above.							
22a. SICN	Stunt	14. 1	Brager	ATTENDING M.D. PHYS.		TAFF HYS.	DATE SIGN	
	SICIAN'S LE (Type) STUAR	H BRAG	ER, CAPT, MO	22d. ADDRESS KIMBR	OUGH ARMY	HOSPITAL		
HANDAAT	多 1 eclfy) 7/12/	THEREOF 66	23c. NAME OF CEMET Loudon Par		Baltim	on (city, town or or Ma	county) rylan	(State)
24. FUNERAL Singlet		lome/Gle	ADDRESS En Burnie, M		EC'D BY REGISTRAR UL 12 198			TURE udge

VR AIS (4) 2DM 1/65

100 m Particular and the first telling agents. And Alleria BRILLING TEACH ER EE TEHRIK DATORAD
ADOTTORA THE REAL RESIDENCE AND ASSESSMENT OF THE PROPERTY OF THE PERSON ASSESSMENT OF THE PERSON ASSESSM The state of the s an and through as fifteened? \$200 and the same

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201-09271 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH O. COUNTY ANNE ARUNDEL a. STATE b. COUNTY D PM3. Page Maryland MARYLAND A. Arundel and 3 1 b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
Glen Burnie c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 1h after Sunset Beach d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE with the State De within 72 hours ON A FARM? North Arundel General Hospital Item 18. Give Pages 301 Winston Road YES NO after death. 3. NAME OF 4 DATE First Last Day Year DECEASED **MELISSA** (Type or print) BOWLING DEATH S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Days Hours WIDOWED DIVORCED event Female White 6-14-66 1 13 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

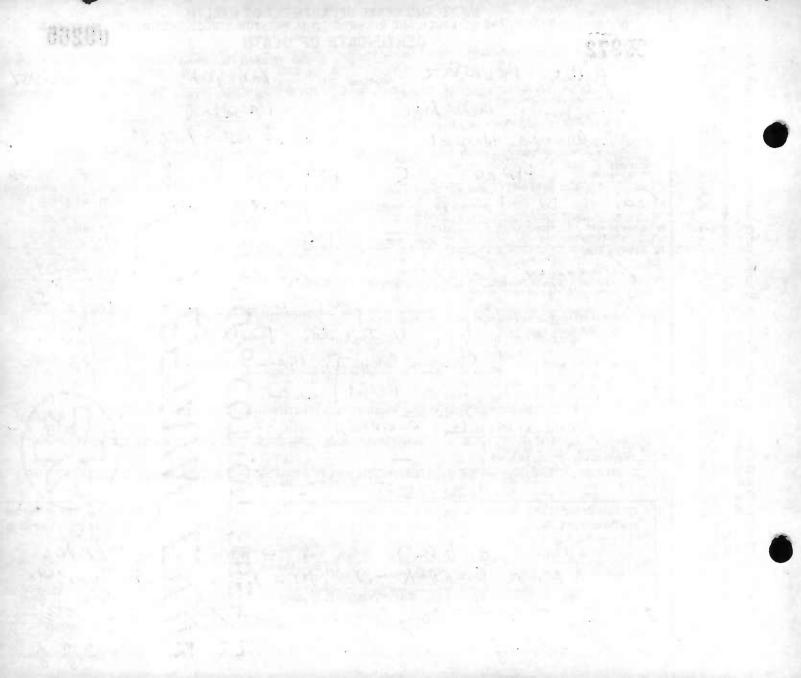
None 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) COUNTRY? INDUSTRY = pages in any Maryland = () 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil be executed within Unknown Carol Ann Bowling pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) ((If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17 INFORMANT remayal permit pending Hospital Records No None 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Bilateral otitis media ы IMMEDIATE CAUSE (a). s a burial-tra crematian, c certificate should e, writing the word farwarded to the Ch DUE TO Canditions, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying couse used as burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? please execute the certificate, YES X NO designated agent, priar ta 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) may be retained far yaur files. FUNERAL DIRECTOR: Page 3 should PRIMARY | ar CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) Nat While Haur a.m. While factory, street, office blda., etc.) at wark ot work 21. I certify that Ltaak charge of the remains described above, held an Autopsy [X]. Inquiry . Inspection . and in my apinian death resulted from: Natural causes X Accident 🗀 Suicide . Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ar its ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 7-27-66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** VRUDIGER BREITENECKER, M.D. Health Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) 0 REMOVAL (Specify)
Burial 8/1/66 A.A. County, Md. Glen Haven 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 1217 St. Paul St. 1966 VR A15ME (5) DATEAUG Wm. Cook-Brooks Inc. Baltimore, Md. 21202 6M 1/66

1204

.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

= = =	-	119777	OI PEAIII	
death funeral death	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)
5 (575)		a. COUNTY A VILLE HEUNDER MADYLAND	8. STATE MARYLAND b. COUNTY NE	120001
the later		MARTICAND		HICUNUCE
		b. CITY DR TOWN (if outside corporate limits, write BURAL and give nearest town)	c. CITY DR TDWN (If outside corporate limits, write RURAL	and give nearest town)
hours d in by rs. Pag		Cler Burne My Lige	Vasedeno	021
ho ho		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
ithin 24 hc stely filled bon papers, within 72 h	4	North amuse Hostital.	236-A l'offen hidge M.	ON A FARM? YES NO 4
within pletely arbon rt, with	3.	NAME OF First Middle	Last 4. DATE Month	Day Year
my ple		(Type or print) MARY	SILEUSTER DEATH July	V 19 66
con	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.		1 YEAR IF UNDER 24 HRS.
and com		Tem WIDOWED DIVORCED	3/23/1881 last birthday) Months	Days Hours Min.
0 000	10 di	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT
		housewiles Glore	PAITIMORE VS.	
ate hys	13	. FATHER'S NAME	14. MQIHER'S MAIDEN NAME	
certificate nding physi . Then ple removal, a				11010
din ert	_	FAWRENCE CHILBTON	CATHERINE CALLA	HAN
	10	5. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. 1 es, no, or unknown) (If yes give war or dates of service)	INFDRMANT	
death te atte permit ion, or		16	C.A. GUIDICE POPLAR KIL	DCK KD-
at the deat ian. d by the al ransit pern cremation,		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
the by em		PART I. DEATH WAS CAUSED BY:	la Trailerde	ONSET AND DEATH
that thy sician. gned by ial-transial, cremial,		MMEDIATE CAUSE (a)	0-00	nous
ysi gan		DUE TO COLOR +	10001 10.0	MINATE
ires to physi sign burial burial		Conditions, If any, which (b)	a voor factive	100000100
ding plant peen the part to be		gave rise to Immediate cause (a), stating the DUE TO	1 1	.0 -
		underlying cause last. (c) Leute / Clark	bar line	vazz
law Itten has as pric	8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
0 0 0 40	CERTIFICATION	Cerebro- Vasarlas accident		PERFORMED? YES NO
	Ē	2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)
HYSICIAN he hospit this certi letached Dept. of		(IF EITHER, NOTIFY MEDICAL EXAMINER)		
HYSICI he hos this ce etache Dept.	SAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
E - 0 0	MEDICAL	While - Not while	y, street, office bldg., etc.)	
医中性中部	Σ		112111	/
END ained OR: / Ould the		21. I certify that (I) (this hospital) attended the deceased from	6/30, 1966, to 7/5, 196	6, that (I) (we) last
retaine ECTOR: 3 shoul with th			death occurred at 420 AM, from the causes and on the	
REC W		22a. SIGNATURE	ATTENDING MED. STAFF	ATE SIGNED
AL OR nay be IL DIR page filed		M.D.		5/66
TAI MA	1	NAME (Type) AAAN C TRANK MO	22d. ADDRESS	· MD.
HOSPITAL 'age 4 may FUNERAL irector, pa		MANUEL CHICANN MY	415 SE Kithie Huy, Ken su	while I
O HOSPITAL OR ATTENDI Page 4 may be retained FUNERAL DIRECTOR: A director, page 3 should should be filed with the	23		OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)
5 5 5 p 48		BEROVAL (Specify) 7/8/66 NEW CATHE	EDRAL CEM BALTIMORE	1770,
ch'	2	ADDRESS ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'	S SIGNATURE
VR AI5 (4)	1	8 (De De 1 / non Rover	B. DATEJUL 7. 1986 PChan	1. 0
20M 1/65	1	mi - Johnson of I Love Marin	1300 1000	and freday



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09274 CERTIFICATE OF DEATH 09267 death. death. the funeral and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY ANNE ARUNDEL MAR YT. AND requires that the death certificate be executed within 24 haurs after MARYLAND ease remave carbon papers. Pages 1 and in any event, within 72 hours after b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT GEORGE G MEADE LAUREL 1 HOUR d. STREET ADDRESS .= d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM2 KIMBROUGH ARMY HOSPITAL 130 ELAINE CT NO A YES NAME OF First Middle 4. DATE Last Month Day Year the attending physician and campletely sit permit. Then please remave carbon DECEASED JULY 19 66 9 JO BROWN BILLIE DEATH YEAR IF UNDER 24 HRS. S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 6. COLOR OR RACE 7. MARRIED XDX NEVER MARRIED irthday) Months Haurs 7/27/25 CAU MALE WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) NEW ACES, TEXAS PROJECT MANAGER 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the aftending physburial-transit permit. Then purial, cremation, or removal BRYAN L BROWN LENNIE MESSER 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 463-28-2602 ROSE BROWN, WIFE, 130 ELAINE CT. LAUREL MI 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Brainstem hemorrhage IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise ta immediate cause (a), DUF TO stating the underlying cause has been last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO TO FUNERAL DIRECTOR: After this certificate TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital ar Por 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Not While Hour a.m factory, street, affice bldg., etc.) at wark , 19____, to_ , 19___, that (I) (we) last 21. I certify though (this hospital) attended the deceased fram. director, page 3 shauld shauld be filed with the saw the deceased alive on 9 July 1966, and that deoth occurred at 2 A.M. from couses and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D. PHYS. KTMEROUGH ARM Y HOSPITAL. PHYSICIAN'S CARL S. ROSEN, CAPT, MC GEO G. MEAD Maryland 230/BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify). FUNERAL DIRECTOR ADDRESS 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 1966

			09274
V COMES TO	GULT PAGE		Jan Carlotta
	18/10/1	5304 1	BOATH O'LLY POSTAN
	13 SHAILS OF	LAYS	SOUTH MATERIAL STATE TO SE
	071 St./12/4 11		STATE STATE
ASUAT.	PALESTY, TAXALLISTS	127	PROPERTY TOWNS
			ZHORT I NOVEL
MAT OF STATE OF	THE ROLL THE 130	S AS m I amply	don-like
	A PART OF A PROPERTY OF A PROPERTY OF A PART O		
		Transport in the con-	NA VIII VAIR VIII II III
	1 1 1 1 1 1 1	The state of	service may some

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. and PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY a. STATE b. COUNTY after Pages 1 urs after maryland Anne Arundel.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) maruland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b papers. Pag write RURAL and give nearest town) hours .⊑ viera Beach filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within YES NO within completely pou 3. NAME DE Middle DATE Last Month Day Year DECEASED DF event, (Type or print) 14 DEATH ecine own 19 66 executed and con SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS | last birthday) | Months | Days | Hours | Min. NEVER MARRIED Days Hours any WIDOWED V DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS OR physician a 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? E ease and ir be during most of working life, even if retired) INDUSTRY Housewife Baltimore Md. U.S.A. certificate ā FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal Christian Wilz Louisa Mann 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address the attent 0 (Yes, no, or unkown) (If yes give war or dates of service) death s been signed by the atta the burial-transit permi ior to burial, cremation, o Margaret Miller Bar Harbour none 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) hory DUE TO Conditions, If any, which (b) gave rise to Immediate has been as the l DUE TO cause (a), stating underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? 19. for use Health certificate NO F YES 20a. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) **DIRECTOR:** After this certing 3 should be detached led with the State Dept. of MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. at work 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last and that death occurred at 2.75M. from the causes and on the date stated above. saw the deceased alive on. 22a. /SIGNATURE DATE SIGNED 22b. page ATTENOING MED. STAFF M.D. PHYS. DIRECTOR PHYS. FUNERAL 22c. PHYSICIAN'S 22d. ADORESS director, p NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 2 Moreland Memorial Park Taylor Ave. Balto . Md. 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 25a. 1216 S.Charles VR A15 (4) 20M 1/65

Transfer Carrier

The state of the s

and the second of the second s

HOSEIN. Lobourth son

E commence and the second of t

MARKET OF THE SECOND

. Haller Late.

C PRINCIPAL OF THE PRIN

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH 09271 The law requires that the death certificate be executed within 24 hours after death. physician and campletely filled in by the funeral en please. Pages Padd oval, and in any event, within 72 haurs after deal oval, and in any event, within 72 haurs after deal 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH Mary Vand D. C. Arundel County, Laurel, MARYLAND c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) 4 b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b Laurel, Maryland 6-1/2 years Laure/1./Mary land Washington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 115 Joliet Children's Center, Dept. of Public Welfare Laure/1/./ Mary Yanyd YES NO K Middle 3. NAME OF 4. DATE First Lost Month Dov Year DECEASED David Clifton Carpenter 18 166 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE NEVER MARRIED X 8. DATE OF BIRTH 7. MARRIED lost birthdoy) Months 9-16-57 Male White WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Ward of D.C. Government INDUSTRY COUNTRY? Washington, D.C. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mr. Hubert Carpenter Mrs. Racheal Carpenter 17 INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (Yes, gorunknown) (If yes give wor or dotes of service) Children's Center N/A Laurel. Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Uremia IMMEDIATE CAUSE (o) June 1966 to DUF TO Conditions, if ony, which gove Kidney Failure July 18,1966 rise to immediate couse (a), DUF TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the Mental Retardation 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO KX YES far 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from October 8, 19.59, to July 18, 19.66, that (I) (we) last saw the deceased alive on July 18, ond that death occurred of 1:53 perms causes and on the date stated obove. saw the deceased alive on_ 22h. DATE SIGNED 22o. SIGNATURE XX PHYS. July 20, 1966 comomos M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) George T. Economos, M.D. Childrens Center, Laurel, Maryland director, shauld b 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) ESAR HIL 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE EUNERAL HONE 300 4"STNA 1966 DATE

1 (2) the state of the s the heart - No ford and the street to street promote the term that TA-UA-E-E-E NAME OF THE STREET The state of the s northinkeen . altraneral Larged .com TOTAL PRODUCT AND and the trail type and that DEE, BURLINGS, ESTON Constitution and the Late Cold. THREETE CONSESS OF THE STATE OF . Compan . Compan .

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09273 09272 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY delay is and 3 to A. A. CO. deoth. MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL onto eve nearest town) c. CITY OR TOWN (If autside corparate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 1b Open ton-MD. hours after DURNIC d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENC 533 Maple Ridgelane ON A FARM? Item 18. Give Pages 1, D.O.A - NOR I'M. ARUNDEL .- Nos 3. NAME OF Middle 4. DATE First Lost event within 72 DECEASED 1966 DEATH = (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years 7 MARRIED NEVER MARRIED lost birthdoy) Months 1-9-54 Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) **INDUSTRY** dny Maryland U.S.A pages in any 14. MOTHER'S MAIDEN NAME pencil 13. FATHER'S NAME be executed within and Richard G. Clayton Peggy M. Mazziotte IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) or removal, Mr. Richard G. Clayton Same NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for ta), (b), and (she ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) certificate should cremation, DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse buriol, (19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES -NO DO 0 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) designoted ogent, prior CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor (City or town) Not While factory, street, office bldg., etc.) moy be retained for your FUNERAL DIRECTOR: Page 19 CC 20130 20 ot work please execute 21. I certify that I took charge of the remains described above, held an Autapsy Inspection | ond in my opinion death resulted trops: Natural couses . Accident 📉 Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 0 EXAMINER'S 7-9-66. Heolth NAME (Type) Address (Street, city, town, or county) 23o. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Baltimore, Md. Holy Redeemer Cemetery 7/13/66 Burjal 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR harles VR A15ME (5) LEONARD J. RUCK, INC. 5305 HARFORD RD.21214

10

The state of the state of

fundicit

the state of the s

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09280 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before a. COUNTY A. A. CO b. COUNTY 2, and 3 ta PM3. Page b. CITY DR TOWN (If outside corporate limits. c. LENGTH DE STAY IN 1b outside corporate limits, write RURAL and give nearest town) write RUBA and give negrest tawn) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Del in Item 18. Give Pages 1, along with farm ON A FARM? 307-Raleigh. Road D.O.M-Northe serundel-YES NO 3. NAME OF Year DECEASED OF 1966 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 9. AGE (In years NEVER MARRIED last birthday) Months WIDOWED K PAR 1-190 haurs DIVORCED 10g. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT during mast af warking life, even if retired) CDUNTRY? CAREER Army pencil 13. FATHER'S NAME be executed within pag Cope/ANd. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give wor ar dotes at service remayal, 18. CAUSE OF DEATH (Enter only one cause per line) for PART I. DEATH WAS CAUSED BY: 0 IMMEDIATE CAUSE (a) Word crematian, DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO certificate stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? NO V 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY ar CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) Haur a.m. Not While factory, street, affice blda., etc.) FUNERAL DIRECTOR: Page at wark at work designated 21. I certify that I took charge of the remains described above, held an Autapsy Inspection . and in my apinian Inquiry Natural causes Accident . Suicide . Undetermined manner death resulted frame Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health o NAME (Type) Address (Street, city, tawn, ar county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 0 Buring L NATION AL FUNERAL DIRECTOR Ocharles VR A15ME (5) DATEJUL 6 ORTON

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) after death o. COUNTY o. STATE Maryland b. COUNTY P.M.3. Page ANNE ARUNDEL MARYLAND Anne Arundel c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 and Glen Burnie GLEN BURNTE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs Pages NORTH ARUNDEL HOSPITAL 2701 Robin Road YES NO X after death. Office alang with NAME OF First Middle 4. DATE Cornett Doy Year DECEASED Give withthe (Type or print MICHAEL) MIKE S. CARNETT 19 66 DEATH 6. COLOR OR RACE 8. DATE OF BIRTH YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED X AGE (In years lost birthdov) Months Hours Item 18. WIDOWED DIVORCED Aug. 23, 1951 haurs Male. White and t 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) School 1 U.S.A. Maryland any Student __ Examiner's 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME pencil be executed within = Violet Stanley Granvill V. Cornett and 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address permit. (Yes, no, or unknown) (If remayal Mr. Granvill Cornett (father) Same As none INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH ar Craniocerebral injuries IMMEDIATE CAUSE (a). shauld ward cremation, DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO certificate stating the underlying couse 0 burial, a lost. nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? the certificate, YES 🕏 NO designated agent, prior ta 20o. EXTERNAL CAUSE WAS PRIMARY X or CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) CAUSE OF DEATH. Pedestrian struck by auto on Ritchie Highway 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) Not While Ritchie Highway 10:30 p.m. Not While of work 1966 Glen Burnie Md. A.A. 21. I certify that I taok charge of the remains described above, held an Autapsy [X], Inspection | Inquiry and in my apinion death resulted from: Natural causes Accident X . * Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER XX SIGNATURE JD DEPUTY MEDICAL EXAMINER 7-23-66 **EXAMINER'S** RUDIGER BREITENEKCER, M.D. Health NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23d. LOCATION (City or Town) (County) (Stote) 0 REMOVAL (Specify) July 26, 1966 Glen Haven Mem. Park Glen Burnie, Maryland 25b. REGISTRAR'S SIGNATURE SINGLETON FUNERAL HOME 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR ocharles Judge VR A15ME (ST 26 1966 Glen Burnie, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before o. STATE b. COUNTY

1 2	1	03282			CERTI	TICALL	OF DEATE	•				
that the deoth certificate be executed within 24 haurs after death an. by the attending physicion ond completely filled in by the funerol ronsit permit. First, please remave carban papers. Pages I and cremation, or repoved and in any event, within 72 hours after death		. PLACE OF DEATH						ICE (Where de	ceosed lived, if instit		before odmiss	ion)
er death funerol s 1 and ter death		a. COUNTY	Arundel		MAI	RYLAND	o. STATE	rvland	ъ. со		Arunde	-1
haurs after n by the fu s. Pages 1 hours after	1	b. CITY OR TOWN (f outside corporate limi	its,	c. LENGTH OF STAY	IN 1b			porote limits, write R			
by the Page			give nearest tawn) Burnie		7 hr.		Pa	sadena		6	2.1	
hai in t		d. NAME OF HOSPIT	AL OR INSTITUTION (If n	not in hospitol, g			d. STREET ADDRESS				e. IS RES ON A	DENCE
filled ir paper hin 72	54	Nort	Arundel (Ganeral	Hospital		Rt. 2.	Baysic	de Beach		YES	
ecuted within 24 hc completely filled in ave carban papers. y event, within 72 h	-	. NAME OF		First	Middle		Lost	4. DA		onth	Doy Y	ear
e executed withing one completely fremave carban any event, with	18	(Type or print)	108	SEPH	LEE	COU	LEOURN	OF DEA	ATH Ju	lv 11	19	66
mple e cc		S. SEX	6. COLOR OR RACE		NEVER MARRI	ED 🔲	8. DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER 1		R 24 HRS.
xecu cor nav		Male	White	WIDOWED	DIVORC	ED 🔲	Nov. 11,	1913	52 yrs.	Months	Doys Hours	Min.
rie be executed vicion and complete and in any event,			(Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (Co	ounty & Stote, o	or foreign country)		ZEN OF WHAT	
cion cion cion cion cion cion cion cion	(luring most of working Manage		Sei	rvice Sta	tion	Marv	land		COU	U.S.	
lica lica		13. FATHER'S NAME	St. Was	1.00	1200 504		14. MOTHER'S MAI					
g physical property of the pro		Seward	Coulbour	n			Luc	die Ig	lehart			
ending mit.		IS. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	? 16.	SOCIAL SECURITY NO.	17.	NFORMANT			dress		
attendi permit.		(Yes, no, or unknown)	(If yes give wor or dotes	of service)	15-03-094	Mir	s. Winifr	ed Cou	l bourn -	same		
that the d an. by the att ronsit per cremation,	F	18. CAUSE OF DI	ATH (Enter only one co						- ·		INTERVAL BE	
quires that t physician. signed by the burial-tronsit buriol, crema		PART I. DEA	'H WAS CAUSED BY: IMMEDIATE CAUSE	E (0) Caco	teners	ceas	diele	who	chion		ONSET AND	DEATH
W. T. T.		4201		F 70	/			U			Sunt	alan
equires physici signed burial-t burial-t		Conditions, if ony		(b) C	ters	char	oten	1	of ales			
		rise to immediat		E TO								
> ië e t r		lost.)	(c)								
tten os b os b prio		PART II. OTHER SI	GNIFICANT CONDITIONS			ELATED TO	THE TERMINAL DISEAS	E CONDITION	GIVEN IN PART 1(o)		19. WAS AU PERFORI	TOPSY MED?
AN: The	0	& On		orr	orenny	14	nend	22 24	>		YES 🗌	NO 🗌
IAN for for He		200. ACCIDENT WA	UNDERLYING CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter noture of inju	ry in Port I or	Port II of item 18.)			
ospitol or certificate hed for u		(IF EITHER, NOTIFY	MEDICAL EXAMINER)			100	valida e					
S PHYSICIAN the hospitol this certifico detoched for e Dept. of He		20c. TIME OF INJU	JRY Month, Doy, Yeor		NJURY OCCURRED		CE OF INJURY (Home		Of. (City or town)	(Cour	nty)	(Stote)
ed + +o		p.r	10	While of worl	Not While of work	1	ory, street, office blag		3 3			
After After be Stat		21. I certi	fy that (1) (this ha	aspital) atten	ded the decease	d from_	way	_, 19 6 6	, to july	7,196	∠, that (I)	(we) last
R. He		saw the d	eceased alive an_	Jung	1966,	and tha	t death accurre	d at 11:30	▲ M, from cause			d abave
OR ATTEN be retoined JIRECTOR: / e 3 should ed with the		22o. SIGNATURE	1 4	-1			ATTENDING [MED.	STAFF		TE SIGNED	066
OR ATTEN be retoined DIRECTOR: ge 3 should led with the	1		1 -2	1	/	M.	D. PHYS. L	DIRECTO	R L PHYS.	□ July	12, 1	700
TAL Only be AL DIII		22c. PHYSICIAN'S NAME (Type	Tester	Lebo,	M.D.		22d. ADDRESS		w Place,	Baltimo	re	
0	=				1 23c. NAME OF CE	AFTERV CR			. LOCATION (City or			(ctota)
Page 4 r Funer director,		230. BURIAL, CREMATIC REMOVAL (Specify BUT181	,							,	"	(Stote)
5 5 5 p v) -	24. FUNERAL DIRECTO		14,1966	Cedar	ULTI	Cemeter	REC'D BY REC	nne Arund	REGISTRAR'S SIG	Mary La	ind
VR A15 (4)	1		Gonce = L	1007 P4		r De			1 3 1966		Les O.	
20 M 1/00	U	George of	, donce - L	TOOT IST	ecure mam.	y . , Da.	T CTHOL & DAIR	-	TO 1000	1 may	40.	1

	inaforet		Injouth and
			Eigen en
			was lethout size
	Contract of		the same of the sa
	E. W 700		
4 = 4	7. (20)	gol, still spirate	
	John attell		ndustriba broved
	with the law.	any Simo-tro-250	
		a firm of regin	
			The Assessment of
		a market to the second	
But her Annual			
			Children I will be
	Man Se State	Mindley I for	te of or other transfer.
			George J. Screen Live

TO MORENAL PROPERTY SACRETOR

el a	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 19283 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 19276
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
day accepts	a. COUNTY A COUNTY A COUNTY A COUNTY
be be and	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
essa fune nay rrtm dea	Mrite RURAL and give nearest town) ANN a polis
the 5 r	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS.
delay is necessary, and 3 to the funeral 3. Page 5 may be e State Department 2 hours after death.	D.O.A - FANE- PRUNDE. GENERAL 19 REVEIL ST. YES NO
and	3. NAME OF First Middle Last 4. DATE Month Day Year
PM3.	(Type or print) C O Clyde (Lockett DEATH 2/ 1966
fth. If an form P form P with with h	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Months Days Hours Min.
Page in for	WIDOWED DIVORCED 3-23-1900 G(0 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
er dea iive Pa iive Pa	during most of working life, even if retired) INDUSTRY 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ours afte n 18. Gi e along pages 1 In any	13. FATHER'S NAME. 14. MOTHER'S MAIDEN NAME;
ours m 1 se a f in	CHARLES B. CROCKETT WillA A. HARRINGTON
24 ho office File	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ((If yes gire war or dates of service)
EXAMINER: This certificate should be executed within 24 hours after death. If any decentificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and hould be forwarded to the Chief Medical Examiner's Office along with form PM3. iles. OR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the signated agent, prior to burial, cremation, or removal, and in any event within 72 has signated agent, prior to burial, cremation, or removal, and in any event within 72 has signated agent.	MILDRED K. CROCKETL #2
wit pen mine perr rem	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY: ONSET AND DEATH
uted "in Exa nsit	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Curase description
exec ding ical I-tra Ition	Conditions, If any, which \ (b)
be (pen Medi uria	gave rise to immediate (
a b	cause (a), stating the DUE TO underlying cause last. (c) (c)
woll woll chas d as d as	/ (0)
ficate should be executed the word "pending" in the Chief Medical Exaused as a burial-transit to burial, cremation, or	YES NO X
R: This certificate, writing forwarded to 3 should be agent, prior t	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED? YES NO CAUSE OF DEATH. 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COURSE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CAUSE OF DEATH.
wri wri arde	
R: Ti forw forw 3 st ager	Hour a.m. While Not While factory, street, office bidg., etc.)
tific be be	
EXAN cer cer could les. R: Pe igna	21. I certify that I teck charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
the the short file cross design	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER
MEDICAL THE PAGE 4 S for your f AL DIRECTO	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
execute execute Page 4 for you RAL DIRE	DEPUTY MEDICAL EXAMINER
PUT Se e stor. ned NER/ ealth	EXAMINER'S CILING ARCH. Address (Street, city, town, or county) 7-21-CC
D DEPUTY MEDICAL EXAMINE please execute the certific director. Page 4 should be retained for your files. O FUNERAL DIRECTOR: Page of Health or its designated	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23c. LGCATION (City, town or county)
2	SURTAL 1-23-66 LOUDON TARK BALTIMORE MD. 24. FUNERAL DIRECTOR DE REGISTRAR 256. REGISTRAR'S SIGNATURE
VR A15ME	John M. Por for Stone Chuncooli Md. DATE JUL 26 1966 golianles Juses
3500 4-64	Comment of the same comments of the same o

4 144 24 . 3 Roofing Constant BALTIMORE, No. U.S.A. CHARLES B. CROCKETT WILLA A. HARRINGTON HILDRED K. CROCKETT #2 BURIET 7-23-66 LONDON PARK BALTIMORE the M. Inter Low Chinopoly Md. Come to Server

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND death. uner PLACE DE DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Ann Arundel Anne Arundel after Maryland MARYLANO b. CITY DR TDWN (if outside corporate limits. c. LENGTH DF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL end give nearest town) by write RURAL and give nearest town)
Glen Burnie hours months = Odenton. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE filled Dabers. ON A FARM? North Arundel Hospital within Annapolis Road NO V YES letely executed within carbon NAME DE DATE First Middie Last DECEASED July event, · Roy E. 19 66 Cross DEATH compl (Type or print) 5 SEX AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS 6. COLOR OR RACE OATE OF BIRTH emove 7. MARRIEO NEVER MARRIEO last birthday) | Months | any and Male July 2. WIOOWED DIVORCED = 10a. USUAL OCC UPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician during most of working life, even if retired) and ir pe INDUSTRY COUNTRY? Westernport, Md. Taxi Cab Driver USA attending phycertificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Cross Elizabeth Reed 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the attenthe burial-transit permit. (Yes, no, or unkown) (If yes give war or dates of service) death Mrs. lda Cross, Odenton, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] The law requires that the ONSET AND OEATH PART I. OEATH WAS CAUSED BY: be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) OUE TO Conditions, If any, which gave rise to Immediate OUE TO cause (a), stating 10 r this certificate has be detached for use as to the Dept. of Health prior underlying cause last (c) CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. YES NO 4 2Da. ACCIDENT WAS UNDERLYING D DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm. (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While While director, page 3 should be should be should be should be should be filed with the State ATTENDING at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 5.70M. from the causes and on the date stated above. saw the deceased alive on OATE SIGNED 222 SIGNATURE 22b. ATTENDING Page 4 may 1 M.D. PHYS. DIRECTOR PHYS. PHYSICIAN'S 22d. AOORESS 22c. NAME (Type) BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Philos Cemetery Burial Westernport 24. FUNERAL DIRECTOR AODRESS 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE James Marley Scarpelli, Cumberland, Md. 1956 VR A15 (4) 15M 4-64

3000年度,有民国的国际主义公司的国际国际工程中的 della della

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 ld Film MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) a. COUNTY b. COUNTY Page of Anne Arundel MARYLAND Marvland Anne Arundel Deportment b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ond P.M3. ofter Crownsville Crownsville, Md d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? Item 18. Give Poges 1, Office along with form hours General Highway ote YES NO Generals Highway hours ofter death 3 NAME OF First Middle Lost 4 DATE Month Dov DECEASED OF within (Type or print) Wilbur DEATH Payton Donaldson with 1 SEX AGE (In years IF UNDER TYEAR 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH NEVER MARRIED lost birthdoy) Months Hours Dovs WIDOWED DIVORCED male white ond 10o. USUAL OCCUPATION (Give kind of work done JOB KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? any pages ret carpenter
13. FATHER'S NAME U.S. Govit Patuxent Maryland MoTHER'S MAIDEN NAME IISA pencil within _ puo 0 unknown unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address _ executed (Yes, no, or unknown) (If yes give wor or dotes of service or removal. pending Thomas Donaldson - same as #2 above 218-12-9963 IB. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c).) INTERVAL BETWEEN buriol-tronsit PART I. DEATH WAS CAUSED BY: WET AND DEATH IMMEDIATE CAUSE (o word certificote should cremation, DUE TO Conditions, if ony, which gove writing the rise to immediate couse (a). DUE TO stoting the underlying couse last used os buriol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO the certificate. 0 pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) should ogent, prior PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. Not While factory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page ot work of work 21. I certify that I book charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian death resulted from: latural causes Accident Suicide Hamicide Undetermined manner CHIFF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED or its ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may O FUNE Health NAME (Type) Address (Street, city, town, or county) 23o. BURIAL CREMATION DATE THEREOS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Our Lady of the Fields Millersville Buria 25b. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR Hopping VR A15ME (5) HOPPING FUNERAL HOME 6M 1/66 Annanali

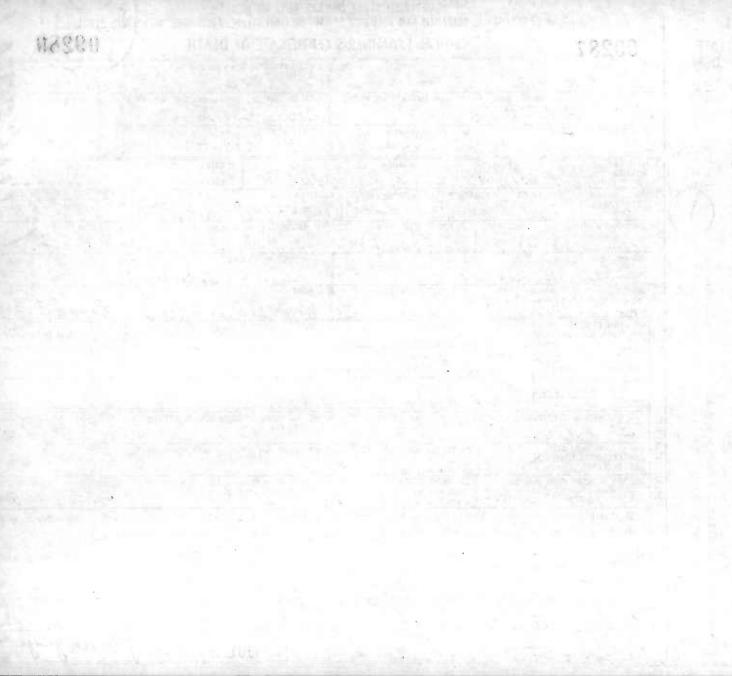
The same of the second of the first section is the Notice of the second of the second

11	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ADVI AND
7	1 2 2 E	09286 CERTIFICATE OF DEATH	9279
	dear and dear	1. PLACE DF DEATH Z. USUAL RESIDENCE (Where deceased lived, If Institution: Res	idence before admission
	2 0 T 2	Anne Arundel County Maryland b. CITY OR TOWN (if outside corporate limits L. C. LENGTH OF STAY IN 1)	
	by the	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	nd give nearest town
	ed in by ers. Page 72 hours	Crownsville 2mgs.2wks.3dd Baltimore	30-1
	filled sapers of 72 l	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS USUS SYCK AND SA	e. IS RESIDENCE DN A FARM?
			YES NO
	executed within 24 n and completely filled remove carbon papers n any event; within 72	OF (Type or print) #32036 Anthony Dower DEATH 7	26 19 ⁶⁶
	and completed were care any events	5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday Months D North N	YEAR IF UNDER 24 HR
	execuna and secuna in any	10a. USUAL DCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CIT	IZEN OF WHAT
	certificate be ending physician in Then please in removal, and in	O I I Ward and	INDISA
	phys phys val, a	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	ding ph Then remova	Unknown	
13.3	eath certifica attending ph ermit. Then on, or removal	15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service)	
	death c ne atten permit. lion, or r	Unknown Hospital Records	
	y the	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Carcinoma of Colon	INTERVAL BETWEEN ONSET AND DEATH
	hat ician led bed but trai	IMMEDIATE CAUSE (a)	
	sign sign urial urial	Conditions, If any, which (b)	
	requir ding p been the bi or to b	gave rise to Immediate Cause (a), stating the DUE TO	
	law requi	underlying cause last. (c)	
		PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	19. WAS AUTDPSY PERFORMED?
	CIAN: The ospital or a certificate ned for use to Health	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
	rhysician: the hospita this certifi detached fo e Dept, of H		
	ING PHYS I by the h After this be detac State Dep	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) p.m. 19 Not While at work 19 at work 19 19 19 19 19 19 19 1	ty) (State)
	Afte de belle de bell	21. I certify that (I) (this hospital) attended the deceased from 5/9/ 19 66 to 7/26 , 1966	_ that (I) (we) las
1	rtein for: Shou shou th th	saw the deceased alive on 7/26/19 66, and that death occurred at 8:10M, from the causes and on the	date stated above
	OR ATTENDI y be retained DIRECTOR: A age 3 should iled with the S		TE SIGNED
	AL OR hay be NL DIR page filed	M.D. PHYS. DIRECTOR M PHYS. 1224 ADDRESS	/66
	O HOSPITAL OR ATTENDING Page 4 may be retained by O FUNERAL DIRECTOR: After director, page 3 should be should be filed with the Stat	NAME (Type) L. Bénedict, M.D. Crownsville, Maryland	
	Page 70 FU direction shou	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or coun	ty) (State)
	7	24. FUNERAL DIRECTOR ADDRESS = 1258. REC'D BY REGISTRAR 25b. RECTSTRAR'S	SIGNATURE
	VR AI5 (4)	Do (10.) 0 327 Par a por de (25) 111 08:1956 Voliant	es Judge
	2DM 1/65	DATEJUL 40 1040	0

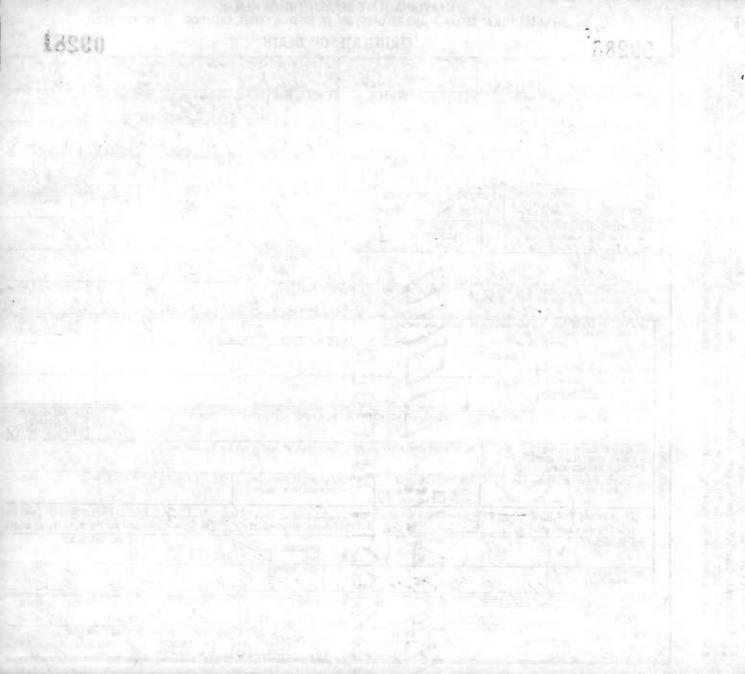
The second secon

cratymeter, outlied to the second of the sec

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09280 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY a. COUNTY a. STATE A. A. CO delay is and 3 to Page partment b. CITY OR TOWN (If autside carparate limits. c. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b PM3. Pwrite RURAL and give Megrest tawn Crownsville HNN2pa d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? NO Give Pages ate NAME OF Middle Day Year Last DECEASED RNCR 20 1966 DEATH (Type or print) Office alang IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Manths Days Hours WIDOWED DIVORCED 24 haurs vent 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of warking life, even if refred formEr any 13. FATHER'S NAME and TEOVAR IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, na, or unknown) (If yes give war ar dates af service remaval, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I, DEATH WAS CAUSED BY Б IMMEDIATE CAUSE (o' crematian, Conditions, if ony, which gave rise to immediate cause (a), **DUE TO** stating the underlying couse O dis 19. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO S p 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. Apter nature of injury in Part I ar Part II af item 1B.) 3 shauld t agent, prior PRIMARY Or CONTRIBUTING **EXAMINER:** CAUSE OF DEATH. (County) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (Stote) 20c. TIME OF INJURY Manth. Dov. Year foctory, street, affice bldg., etc.) Not While may be retained far yaur FUNERAL DIRECTOR: Page 140 its designated 21. I certify that Ltock charge of the remains described above, held an Autapsy [Inspection -Inquiry and in my apinion death resulted from: Natural causes Suicide [Accident Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 5 may be TO FUNERAL Health ar i DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, tawn, at caunty) the 23b. DATE THEREOF 23c. NAME OF CEMETERY OR (REMATOR) 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) REMOVAL (Specify 23/66 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Charley VR A15ME IS 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH be executed within 24 hours after death death filled in by the funeral popers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY a. STATE MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give mearest town 6-7 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO K event, within YES 3. NAME OF corbon Middle DATE Doy Year DECEASED OF DEATH 1966 on omy (Type or print) aul-a AGE (In year) S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH birthday Months Dovs Hours X WIDOWED DIVORCED 1883 10o. IISUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote for foreign country) edse during most of working life, even if setired) COUNTRY? Kilan Lng 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removol, offendind INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address requires that the death (Yes, no. ocunknown) I(If yes give wor or dotes of serv cremotian, CAUSE OF DEATH (Enter only one couse per line for (o) signed by the burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO buriol, Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse the hospital or ottending os the O FUNERAL DIRECTOR: After this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) detached for use of NO PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work 190(2 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from. 1966 to saw the deceased alive on. 19 66, and that death occurred of 730 CM, fram causes and on the date stated above. with 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** filed M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, should BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 15,1966 Burnie July FUNERAL DIRECTOR REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 carlen DATE



1	It	em 21 Film Division	of STATISTI	ICAL RESEA	MARYLAND STATE ARCH AND RECORDS,	301 W. PRESTON	F HEALTH STREET, BALTIMO	RE, MARYLAN	ID 21201	
		00000	Ite	em 2 F	CERTIFICA	TE OF DEAT	H		092	282
after death the funeral ages 1 and 2 of a teath		PLACE OF DEATH	RUNDEL		MARYLAND	2. USUAL RESIDES 0. STATE New Yor	MARYKAND	ived, if institution: b. COUNTY		ARUNDEL
# # # #		b. CITY OR TOWN (If outside write RURAL and give nea	corporate limits,		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	(If outside corporate li			
hours s. Part hours		ORT GEORGE O	. MEADE		DOA		CORGE/G/M		riskav	
within 24 ha		KIMBROUGH AF				SPECTAL	/PROCESSI	NG DET		e. IS RESIDENCE ON A FARM? YES NO
withi		NAME OF DECEASED (Type or print)	Firs JOH		Middle THOMAS	Lost ELTA	4. DATE OF DEATH	Month JULY	28	
ecuted with campletely love corbon y event, wi	S.	SEX 6. COLO	R OR RACE	7. MARRIED WIDOWED	NEVER MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. A	st birthdoy) M	UNDER 1 YEAR	
pe be executed vicion and camplete	100	USUAL OCCUPATION (Give kir ng most of working life, even	d of work done	10b. Ki	IND OF BUSINESS OR		ounty & Stote, or foreig	17 yrs.	12. CITIZEN C	OF WHAT
icion and		SOLDTER FATHER'S NAME	,	Ţ	J.S.ARMY	SYRACI	JSE, NEW Y	ORK	USA	
certificate b physicion hen please novol, and i	13.	UNKNOWN				ELIZABE	TH FLAHERT	Y		
attending popermit. The	15. (Ye	WAS DECEASED EVER IN U.S. As, no, or unknown) (If yes given the control of the co	ARMED FORCES? we war or dotes of ar66-28J	service)	social security no. 068-40-2819	7. INFORMANT Personnel	Record A	Address		een,Md
the the risit		18. CAUSE OF DEATH (Ent PART I. DEATH WAS C	er only one cous	e per line for		wound	back	5	IN	NSET AND DEATH
equires that the physicion. signed by the buriol, cremating		Conditions, if ony, which g		to b) en	trance,	cites				
N: The law requires the or attending physicion. The hos been signed by r use os the burial-troisalth prior to buriol, cre		rise to immediate couse stating the underlying colost.	use DUE 1	ТО						
The law re attending hos been se os the th prior to l	NO			ntributing	TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN	PART 1(o)	19	P. WAS AUTOPSY PERFORMED?
IAN: The all or afficate ho for use Health	CERTIFICATION	20o. ACCIDENT WAS UNDERL'	ANC ET	Tank DE	SCRIBE HOW INJURY OCCUR	ED (Enter nature of init	ev in Dort I or Dort II	of itom 10 \		YES 🔀 NO 🗌
rsicial certific hed for the forth of H	I CERTII	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	OF DEATH	GUI	NSHOT WOUND I	N BACK		ot nem 16.)		
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or for FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for un should be filed with the State Dept. of Healt	MEDICAL	3:25 p.m. 28	July 19 6	148.0	Mastalkila	PLACE OF INJURY (Home foctory, street, office bldg	j., etc.)	o G. Mea	(County) Anne de Md	Arundel
ENDIN red by R: Afte old be the Sto		21. I certify that	diadinates	nestockotis	when the deceased for XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	was DOA		28 Jul	, 1966XI	ANCANA KAKAKA
R ATTENI retoined RECTOR: A 3 should with the		220. SIGNATURE	4	2	111.00	ATTENDING 6	MED. DIRECTOR	STAFF PHYS.	226. DATE SIG	ly 1966
ral or noy be ral Direction of the proper 3 proge 3 e filed w		22c/ PHYSICIAN'S NAME (Types PEN)	MIN F	DINIT.AI	P CAPT MC	22d. ADDRESS				
TO HOSPITAL OR ATTENI Poge 4 moy be retoined for FUNERAL DIRECTOR: A director, poge 3 should should be filed with the	230	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THER		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCAT	ON (City or Town)	(Count	ty) (Stote)
Pog To F dirin		BURLAL	AUG. 3.19	966	T Mt. Olive			boro, Ne		
VR A15 (4) . 20 M 1/66	1	AROLD S. Wad	9 550 LF	neh pi	ADDRESS		REC'D BY REGISTRAR	1000 6	TRAR'S SIGNATU	

			SEE SHORE		4 (1)
THE PARTY	CHAZ	VIVIC NEW TOTAL			
	direction of				.i EDWAR D
		S. SHALLEY		300 - A 100 a	S A ZOUGE ID.
	ZUM		agus		
		Sept that it	X		77
227			Yana e.u		
			= 11 11 1001/100	4	WOMEN STATE
M, medica M - 12		£) no C ₂	
ę e e	6 ,				
	6 ,				
	6 ,				
				ino sui	
				ino sui	
tusmon surgi	,				
tusmon surgi					

20M 1/65

ARRESTA ANA

. 1711

THETOL

COM YOU, DEC 22.

Lord G. G. G. Mande Car, 2 dr.

I MUNCE NOW ERE, IN GEO GENERAL EREC MATERIAL LEVE

3644 145 -61

M. silmin ding.

Elefa Alleduata Maifalla

SINT OF THE

. . . 'સ

E TO

BUTTANDO CONTRATO GERMANA

CO:..

the way of the state of the sta

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH the death certificate be executed within 24 hours after death fretateath and and campletely filled in by the funeral remave carban papers. Pages 1, and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) h COUNTY Anne Arundel MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, papers. Pag hin 72 hours write RURAL and give nearest town ICUM d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) hin 72 MANOT NUISING 10 LL 1100 D NO NAME OF 4 DATE ¥. First Middle Last Day Year please remave carban DECEASED OF (Type or print) DEATH any event IF UNDER 24 HRS. AGE (In years IF UNDER 1 YEAR SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Manths Days Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) and in COUNTRY? during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME errenderger HerBS 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. 113 CEDATCHOF (Yes, na, ar unknawn) (If yes give wor or dates af service crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: KLYOCATPIAC 1 NFATCTION requires that IMMEDIATE CAUSE (a) by DUE TO signed burial, rTerioscHorosis = Canditians, if any, which gove rise to immediate cause (a). DUF TO stating the underlying couse attending as the has been af Health prior ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION O FUNERAL DIRECTOR: After this certificate by the haspital ar far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Yeor Hour o.m. factory, street, office bldg., etc.) While Nat While State [ot wark ot work 19____, ta 19 ... that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram be retained and that death accurred at_ M, fram causes and an the date stated above saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) d 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION (State) REMOVAL (Specify.) 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

Let' ad

sh Fry

W --

SOUTH F

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE LTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY PM3. Page death. Maryland ANNE ARUNDEL MARYLAND ond 3 Department b. CITY OR TOWN (If autside carporate limits. CLENGTH OF STAY IN 1h c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) write RURAL and give negrest fown)
rural - Baltimore after (Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS form hours 913 Augusta Ave. State [North Arundel Beneral Hospital Give Pages YES NO after death. Office along with 3 NAME OF 4 DATE First Month Day Year within 72 DECEASED the JOHN. S. ENGLISh jr. July 30 19 66 (Type or print) DEATH with t S. SEX AGE (In years 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Manths Doys Haurs tem 18. male negro WIDOWED DIVORCED 24 hours event 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR BIRTHPLACE (State ar fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? STEEL WORKE __ in any NONA ominer's poges within pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address be executed (Yes, no, ar unknown) ((If yes give war ar dates af service or removol. JOHN 913 N. AUGUSTA permit 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY ONSET AND DEATH MMEDIATE CAUSE (a) Craniocerbral injury word This certificate should cremotion, DUE TO Conditions, if ony, which gave (b) rise ta immediate cause (a), DUF TO stating the underlying cause 05 last burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? the certificate, YES X NO 0 20a. EXTERNAL CAUSE WAS PRIMARY ♣or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld designoted agent, prior MEDICAL EXAMINER: CAUSE OF DEATH driver of auto into fixed object (house) MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (Caunty) (Stote) factory, street, office bldg., etc.) moy be retained for your FUNERAL DIRECTOR: Page While Nat While Baltimore Maryland 7/30 1966 please execute ot work street 21. I certify that I taak charge of the remains described above, held an Autapsy and in my apinian Inspection | Inquiry Accident 3 Suicide death resulted fram: Natural causes / Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 5 DEPUTY MEDICAL EXAMINER 7/31/66 **EXAMINER'S** Heolth Charles S. Petty NAME (Type) Address (Street, city, tawn, or county) BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 0 REMOVAL (Specify) BURIAL 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Charles & VR A15ME (5) 1966 LAURENS 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00202 death. be executed within 24 haurs after death and campletely filled in by the funeral remave carban papers. Pages 1 and in any event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE h COUNTY Anne Arundel MARYLAND Maryland Anne Arundel c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b write RURAL and give nearest town) 2 days Green Haven Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Mt. Pleasant YES T Beach NO SE 3. NAME OF DATE Year DECEASED 19 66 (Type or print) DEATH S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Months Dovs Hours White WIDOWED DIVORCED emale 2/7/1912 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY requires that the death certificate Housewife

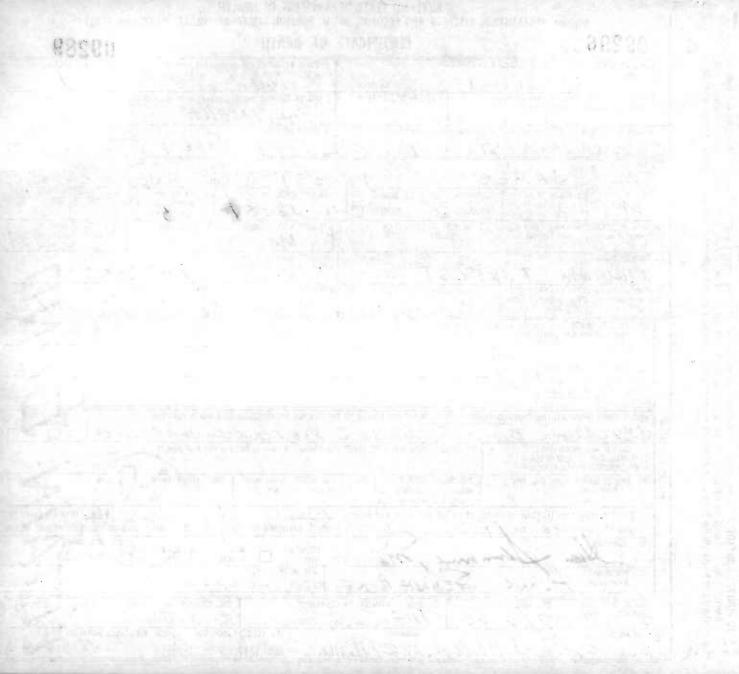
13. FATHER'S NAME West Virginia 14. MOTHER'S MAIDEN NAME Charles Ferrebee Kitzmiller IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) (Husband, INTERVAL BETWEEN Rev. Perry R. Evans None 18. CAUSE OF DEATH (Enter only one couse per line for)(o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO signed Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as the be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) be detached far use State Dept. af Health NO 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Yeor Hour o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) ot work ot work 21. I certify that (I) (this hospital) attended the deceased from 1966 to 1966 that (I) fwel last shauld 1966 and that death occurred at 8 5 M. fram causes and on the date stated above. sow the deceased alive on 220 SIGNATURE 22b. DATE/SIGNED ATTENDING M.D. DIRECTOR 22d. ADDRESS 22& PHYSICIAN'S NAME (Type) director, p 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Park Howard County, 7/7/1966 Meadowridge Mem. 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) liarles 1966 Raymond C. Fink Glen Burnie, Md. DATE

Ance Arender An	Annequite services serviced income serviced income services servic				
Ance Arthodel Carry Page Area France Annapolis de page de Carry Page Ances France Canto Arthodel Guardi Carry Page Ances France Canto Arthodel Guardi Carry Page Ances France Carry Page France Carry	Annequite Serviced Serviced Involuments of the continuents of the cont				**************************************
Annenglie : the disconfiguration of the configuration of the configurati	Annopules the Creen Naven Sana Arndal a main anale units anale units conseque con	nura comb			Inbort sone
ation elaco with respect to the control of the con	ating election of the street o				er Logenna
Tour and the state of the state	Activity transcription of the control of the contro		tanged - 177	The Alexander	A Shipton and
Tofficers and the second secon	STORESTALL		2 7/1012 54		
		B. T. Carl			
			YOR DESIGNATE TO A DESIGNATION OF THE PERSON		Charles Farmon
		mes abandan s			

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 09294 HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) O. COUNTY AACO o. STATE b. COUNTY 40 P.M.3. Page MARYLAND b. CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 1b autside corporate limits, write RURAL and give nearest tower c. CITY OR JOWN (If puo RURAL applies neorest town) after A. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE haurs Office alang with farm ON A FARM HAZIETT 500 WORTH. ARUNDE 8. Give Pages after death. 3. NAME OF 4. DATE Day Year within 72 DECEASED 0F 19 4 G NU (Type or print) DEATH S. SEX AGE (In years IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS 6. COLOR OR RACE last birthday) Manths Days Haurs 2-20-21 WIDOWED haurs event 2 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND, OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during most of working life, even refired) COUNTRY? 24 any 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME pencil be executed within and 16. SOCIAL SECURITY NO. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, Maknawn) (If yes give war ar dates af service INFORMANT ar remaval, pending permi INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) burial, cremation, 1hr-55 Min DUE TO Canditians, if any, which gave rise ta immediate couse (a), DUE TO This certificate stating the underlying couse farwarded writing ' last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? MEDICAL CERTIFICATION certificate, agent, priar ta shauld be 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State Nat While foctory, sweet, affice bldg., etc.) may be retained for year 19 66 at wark its designated 21. I certify that I took charge of the remains described obove field on Autopsy Inspection M Inquiry 1 ond in my opinion deoth resulted from Natural couses director. Accident 4 Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 5 may be ro FUNERAL Health or i DEPUTY MEDICAL EXAMINER **EXAMINER'S** 7-5-66 Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION City or 10 BURIAL, CREMATION, 24 FUNERAL DIRECTOR VR A15ME (5) TUANA.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY 3 to Page MARYLAND b. CITY OR TOWN (If outside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside carparate limits, write RURAL and give negrest tawn) and write RURAGand give negrest tawn) 500 HAZLETT. AVE. EN BURNIE d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS ON A FARM? O.D.A-NORTH. ARUNDEL. Baltimore - M with the State D within 72 hour Give Pages 3. NAME OF 4. DATE Month Day Year DECEASED 1966 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Manths WIDOWED DIVORCED 1Da. USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY ? oden 13. FATHER'S NAME MOTHER'S MAIDEN NAME = WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO 17. INFORMAN (Yes, na, arunknawn) (If yes give war ar dates af service ar remaval. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) shauld crematian, DUE TO Conditions, if any, which gave rise ta immediate couse (o). DUE TO stoting the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? p 20g. EXTERMAL CAUSE WAS PRIMARY OF CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) plnous AL EXAMINER 20c. TIME OF INJURY Manth. Dov. Year 20e. PLACE OF INJURY (Hame, form, (State) factory street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page MI 21. I certify that I toak charge of the remains described above, held on Autopsy Inspection | and in my opinion Accident Suicide death resulted from Natural causes Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY Б DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health , Address (Street, city, tawn, or county) NAME (Type) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF LOCATION (City or Town) (State) 50 REMOVAL (Specify) oudon 24 FUNERAL DIRECTOR REC'D BY REGISTRAT 25b. REGISTRAR'S SIGNATUR VR A15ME

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09296 CERTIFICATE OF DEATH death. low requires that the deoth certificate be executed within 24 hours after death ond completely filled in by the funeral remove carbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY INNSVINE MARYLAND b. CITY OR TOWN (If autside corporate limits, c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) LTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? CROWDSVILLE YES NO 3. NAME OF 4. DATE Manth Last Day Year DECEASED OF DEATH (Type or print) 19 S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Days Haurs WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or fareign country) 12. CITIZEN OF WHAT during most af warking life, even if retired) INDUSTRY COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ORREC 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMAN Address (Yes, no, or unknown) (If yes give war ar dates of service cremation, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH FAILURE IMMEDIATE CAUSE (a) signed by DUF TO Conditions, if any, which gave rise ta immediate cause (a), DUF TO stating the underlying cause Page 4 moy be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? NO YES or 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (County) (Stote) Haur o.m. Nat While factory, street, office blda., etc.) at wark at wark 21. I certify that (I) (this haspital) attended the deceased fram. 19 (06, ta. Le, and that death accurred at PPM, fram causes and an the date stated above saw the deceased alive an_ 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR director, page 3 should be filed v M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) YNA RINE BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d_LOCATION (City ar Tawn) (Caunty) (Stote) REMOVAL (Specify) 24 FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Mearles



RTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH A W. PRESTON STREET, BALTIMORE 1, MARYLAND DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) . COUNTY b. COUNTY Anne by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give perest town) 24 filled in I Pages 1 urs after 20 URNIE within AME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) . IS RESIDENCE d. STREET ADDRESS papers. Pagin 72 hours ON A FARM? YES NO 100 completely NAME OF Middle 4. DATE Month Day Year DECEASED OF and comp carbon pa nt, within (Type or print) DEATH 19 66 July 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 99 last birt (day) Months Min. event WIDOWED I DIVORCED Yrs. certificate physician remove 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY 10b. KIND OF BUSINESS OR INDUSTRY or foreign country) done during most of working life, even if retired) any nenewiv LALME please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address that the (Yes, no, or unkown) | (Ifyas give war or detes of service attending physician. as been signed by the 0 permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH occlusion 5 PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) cremation, burial-transit DUE TO OSCULAR HEART desense Conditions, if eny, which gave rise to immediate cause DUE TO (a), steting the underlying the bur buriat, has couse last. hospital or certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION 8 0 PERFORMED? NO YES nse prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of itam 18.) 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH the (IF EITHER, NOTIFY MEDICAL EXAMINER) lached MEDICAL After É 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dey, Yeer DIRECTOR: After 3 should be detach factory, streat, office bldg., etc.) White Not While Hour a.m. ō et work et work 19 p.m. 21. I certify that (I) (this hospital) attended the deceased from. 196.6 that (I) (we) last ...M, from the causes and on the date stated above saw the deceased alive on....19......, and that death occurred at 220. SIGNATURE 22b. DATE SIGNED ATTENDING MED L DIRECTOR PHYS. M.D. PHYS. HOSPITAL leath. Page 4 page with th 22d. ADDRESS PHYSICIAN'S NAME (Type ector, filed v CEMETERY OR CREMATORY NOCATION (City, town or 23e. BURIAL, CREMATION, REMOVAL (Specify) OFB Oå ADDRESS 2Se. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S VR A1S (4) DATE 20M S-63

A DESCRIPTION OF THE PERSON OF

All T	PLACE OF DEATH		2. USUAL RESIDENCE (Where		Residence before edmiss
	H. H. Co,	MARYLAND	a. STATE MD.	b. COUNTY	H.Co.
	CITY OR TOWN (if outside corporate lin write RURAL end give pearest town) d. NAME OF HOSTITAL OR INSTITUTION		HUUAPOLY d. STREET ADDRESS	S	e. IS RESIDE
00	131 BURNSIDE	St. Middle	431 BURNSID	E St.	ON A FAR
	(Type or print) OSCAR	LERDY	FOWLER DEAT	тн 7	5 1966
	5. SEX 6. COLOR OR RAC	WIDOWED DIVORCED	12-22-1889	last birthday) Months yrs.	Days Hours Mi
	10a. USUAL OCCUPATION (Give kind of wo done during most of working life, evan if reting the state of the stat	106. KIND OF BUSINESS OR INDUS	BALTIMORE	of toreign country) 12. Cl	4,5,
F	JOSEPH C.	Fowher	MARY ELLEN	StEPHE	WS
	5. WAS DECEASED EVER IN U.S. ARMED FO Yee, ng, or unkown) (Ifyesgiva warpr dates of	PRCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT L. FOULL	FD Address LE	St. ANNA
	JO. CAUSE OF DEATH [Enter only or	na cause par line for (a), (b), and (c).	-110		INTERVAL BETWEEN
	IMMEDIATE CAUSE (e		HEOM BOSIS		1 Hock
	Conditions, if any, which gave rise to immediate cause	HYPERTANSIVE	HEART DISE.	156	15425
	(e), staing the underlying	:)		T COMPLETE ON CHIEF IN IN INC.	T 11 11 10 11 11 11 11 11 11 11 11 11 11
	cause last.			SE CONDITION GIVEN IN PAR	PERFORME
		DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA		
0		20b. DESCRIBE HOW INJURY OCCUR	ED. (Enter natura of injury in Part 1 or Pa	t II of item 1B.)	
	PART II. OTHER SIGNIFICANT CONE 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER	ear 20d. INJURY OCCURRED 20e. P WhilaNot Whila	ED. (Enter natura of injury in Part I or Pa		
	PART II. OTHER SIGNIFICANT CONE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Y Hour a.m. p.m. 19	(ear 20d. INJURY OCCURRED 20e. P While at work 1 at work 1	ED. (Enter natura of injury in Part 1 or Pa LACE OF INJURY (Homa, farm, 20f. (City or town) (Co	YES NO
	PART II. OTHER SIGNIFICANT CONE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Y Hour a.m. p.m. 19 21. I certify that (I) (this hosp saw the deceased alive on	20b. DESCRIBE HOW INJURY OCCUR ear 20d. INJURY OCCURRED 20e. P While Not While at work at work for a work for a strong to the deceased from	ED. (Enter natura of injury in Part 1 or Pa LACE OF INJURY (Homa, farm, 20f. ((Co	vec that (I) (we he date stated abo
	PART II. OTHER SIGNIFICANT CONE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Y Hour a.m. p.m. 19 21. I certify that (I) (this hosp	20b. DESCRIBE HOW INJURY OCCUR ear 20d. INJURY OCCURRED 20e. P While Not While at work at work for a work for a strong to the deceased from	ED. (Enter natura of injury in Part 1 or Pa	(Co	YES NO No (State of that (I) (we he date stated above 22b. Do
	PART II. OTHER SIGNIFICANT CONE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Y Hour a.m. p.m. 19 21. I certify that (I) (this hosp saw the deceased alive on	20b. DESCRIBE HOW INJURY OCCUR ear 20d. INJURY OCCURRED 20e. P While Not While at work at work for a work for a strong to the deceased from	LACE OF INJURY (Home, farm, 20f. (actory, street, office bldg., atc.) 1960 at death occurred at A.M., from	(Co	ves No (State that (I) (we) he date stated above 22b. Do
)	PART II. OTHER SIGNIFICANT CONE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Y Hour a.m. p.m. 19 21. I certify that (I) (this hosp saw the deceased alive on 22a. SIGNATURE	ear 20d. INJURY OCCURRED 20e. P While at work at work 10 attended the deceased from 19 66, and the	LACE OF INJURY (Home, farm, 20f. (sactory, street, office bldg., atc.) at death occurred at A.M., from the death occurred at A.M.,	(Co	yES No unity) (State We that (I) (we he date stated about 22b. Dr. St. 7/6/6/6

11: 11 DAA A H.H.Co. ANNAPOLIS AUUAPOLIS 431 BURUSIDE St. 43 BIRUSIDE ST LERCY FOULER SCAR DE 12-22-1889 76 CHILD SERVICE CARPENTER BALTIMORE, MD. JOSEPH C. FOWLER MARY ELLEN STEPHENS WILEY L. FowLER T 10/10/ 3 STARK Coloratey THEOM BOSIS 181,500"5 20 8/2 00 /6/19 1393/14 JUSE 7-1816 EST for the the Completed

1		19298 CERTIFICA	TE OF DEATH	09292
		LACE OF DEATH COUNTY /	2. USUAL RESIDENCE (Where dacassed lived, If in	
7	0	HANE ARUNDEL MARYLAND	a. STATE on d b. COUNT	an
	b	CITY OR TOWN (if outside corporate fimits, write BURAL and give pearest town)	c. CITY OR TOWN (If outside corporate limits, write	RURAL and give nearast town
		Willen Dornie	Patimone	02
	d	NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 1656 MONTH	non Cf . IS RES
l	4	LATA MANOR	7355 FUENACEDE, ED	TIAN BY YES T
=		AME OF First Middle	Last 4. DATE Month	Day Year
		eceased yps or print)	CAITGE DEATH 7	4 19
	5. 5	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	IF UNDER 1 YEAR IF UNDER 2
	12		7-29-1883 last birthday)	Months Days Hours
-	10a.	USUAL OCCUPATION (Greakind of work 1Db. KIND OF BUSINESS OR INDUST	, , , , , , , , , , , , , , , , , , , ,	12. CITIZEN OF WHAT CO
	don	during most of working life, avay if retired)	Maker	150
	13	TATHER'S NAME	14. MOTHER'S MAIDEN NAME	1004.
	10.	ACTION OF PARTIES	1	
	10	VAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	UNKNOWN	
	(Yes	no or unknown) ((If yes give war or dates of service)	INFORMANT Address	
		214-14-07511		
		B. CAUSE OF DEATH [Enter only one cause par line forth), (b), end (c).] PART I. DEATH WAS CAUSED BY:		ONSET AND D
ı		IMMEDIATE CAUSE (a) Me	testasis stomach	UNKACW
		15/X DUE TO	00 \	,
		Conditions, if any, which (b) (BROLARY	Insoffiency	Iday
l		gave rise to immediate cause a), stating the underlying DUE TO		
l		causa last. (c)		
	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS A
	CERTIFICATION			YES
	표	08. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURR	RED. (Entar nature of injury in Part I or Part II of itam 1B.)	
	8	DR CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER)		
	3		ACE OF INJURY (Homa, farm, 2Df. (City or town)	(County)
	MEDICAL	at work at work	ctory, streat, office bldg., etc.)	
	1	Pallia 17	3/22/63 is to Joly 4	1966 (hat (1) (
		21. certify that (I) (this hospital) attended the deceased from	1 110	
ı		taw the deceased alive on	death occurred at . A. W., from the causes at	22b
l		P. 11111.4	ATTENDING MED. STAFF	
		2c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS.	2
		NAME (Type) a hard H. HINI MI) 100 Cherry lave 4	en Burini
		1-1-10101111001		1 your fi
		DUDIAL CREMATION 1225 DATE THEREOF 122. NAME OF COMPTERN	OP CREMATORY 224 FOCATION (City tous	n or county)
	23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. EOCATION (City, low	yn or county) (Si
	23a.	MOVAL, (Specify) 7-5-66 MT.	AUBURN BALTI	more,
	23a.		PUBULNI 23d. REGISTRAR 25b. REGISTRA	more,

Service and a se

THE PROPERTY OF THE AMERICAN

STREET, BALTIMORE 1, MARYLAND FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) e. COUNTY b. COUNTY files. Healt MARYLAND B. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) rite RURAL and give nearest town) 855 U NAME OF HOSTITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES TINO. State NAME OF Middla DATE Day Month Yaar DECEASED OF DEATH (Type or print) 19 with 5. SEX OR RACE 7 MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lasy bighday) Months Deys Hours WIDOWED W DIVORCED 12. CITIZEN OF WHAT COUNTRY? most of working life, even if retired) pages 1 within EVER IN U.S. ARMED 6. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), along YSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) geve rise to immediate cause DUF TO 98 (a), stating the undarlying 5 cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMEDI Pe plnods 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. age s 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, ferm,) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer (Stata) fectory, street, office bldg., atc.) Not While While Hour a.m. et work at work 19 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Ö should be forwarded FUNERAL DIRECT Undetermined manner Suicide Homicide death resulted from CHIEF MEDICAL EXAMINER designated ACTUAL. DATE SIGNED SIGNATUR O DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22a, BURIAL, CREMATION, Q40 P 24e. REC'D BY REGISTRAR I REGISTRAR'S SIGNATUR 1966 VS. A15ME SM 9/60

ERSON - COSOT THE PENTE COURT THREER PK TALLEGE PET M CHUC Mayor mere 13-24-1817-449-SEET Employed thering underson cooper Witte GUS GEORGIE ELIZABETH STEVENS The state of the s and declared frequency BIRTH TOLY be MT ZIEN CERT CHINGBAR DELCO, PA THEREDO S WADE LOAN LANGUED BUT SO THE DISTRICT

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09300 09294 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death death and campletely filled in by the funeral remove carban papers. Pages 1 and in any event, within 72 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Anne Arundel MARYLAND Maryland Anne Arundel b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) 2 wks. Brooklyn Park Riviera Beach d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Lake Road YES NO X 5309 Brookwood Road 3. NAME OF 4 DATE Manth First Year DECEASED July 11 WILLIAM J. GERMAC 1966 DEATH (Type ar print) IF UNDER 24 HRS. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED Jost birthday) Manths Days Haurs White April 10, 1891 Male WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, ar fareign cauntry) 12. CITIZEN OF WHAT **COUNTRY?** physician c ase during most of working life, even if retired) Baking S. Baltimore, Maryland Baker 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removat Marv Frank Germac the attending 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, na, ar unknawn) (If yes give war ar dates af service 215-05-8157 Mrs. Lillian Plummer Germac Same No crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) attending physician. Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been as the last. PHYSICIAN: The law PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? mare e NO the haspital ar far 20g. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) Haur a.m. Nat While factory, street, affice bldg., etc.) at wark at wark 12, 1966, to 14, 1966, that (I) (wo) last 21. I certify that (1) (this hospital) attended the deceased fram Vache July be retained shauld saw the deceased olive an July 12-19 66, and that death occurred at A Marom causes and on the date stated above 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. July 15. 1966 M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 3708 Mountain Rd. Pasadena. Md. NAME (Type) Randall McLaughlin 23c. NAME OF CEMETERY OR CREMATORY. 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE THEREOF REMQVAL(Specify) Glen Haven Mem. Pk. July 16. 1966 Glen Burnie, Maryland 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) harles 4001 Ritchie Hwy. George J. Gonce

COCO DE LA COMPTENZA DE LA COM dra mulato vi M. Albert . L. Marier . M. The state of the s (27519) AM ALBORITA ALBORA MARYLAND STATE DEPARTMENT OF HEALTH

		A CONTRACTOR OF THE PROPERTY O
Interest to the	Friday II	one December one
		n 15 . mile pillone m.
	A PIR NOT 17 .48	icalisade Interno Commonduera
	The second of the second	Light Seporty
	and the state of t	TOTAL CONTRACTOR OF A STATE OF A
	drudron establishment	.0: 2 .d 100.7

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09302 CERTIFICATE OF DEATH death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY A.A. b. COUNTY o. STATE MARYLAND A.A. MARYLAND requires that the death certificate be executed within 24 haurs after c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 GLEN BURNIE N. Arundel papers. attending physician and completely filled in permit. Then please remove carbon papers. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? North Arundel Hospital 1110 Cedarcliff Drive YES NO XX 3. NAME OF Middle 4. DATE Doy Year DECEASED 3, 19 66 JULY Gordon (Type or print) DEATH Lawrence AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED August 1, 1892 last-birthday) Haurs Doys ond in ony WIDOWED DIVORCED WHITE NALE 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) COUNTRY?S.A. during mast of working life, even if retired)
CAB DRIVER **INDUSTRY** NEW York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remova UNKNOWN ABRAHAM GORDON 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17 INFORMANT Address MRS. CARMEN C. GORDON. 1110 N CEDARCLIFF DR. 217-07-5258 INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) buriol-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 moy be retoined by the hospitol or ottending physician. TO FUNERAL DIRECTOR: After this certificate hos been signed by DUE TO Canditians, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause as the WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIFICATION for use NO TO YES T 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work . 1966that (i) (we) last 21. I certify that (I) (this hospital) attended the deceased from Warre 19 6 S. to director, page 3 should should be filed with the (and that deoth occurred at 705 from cooses and on the date stated above. sow the deceased olive on Tules 22a. SIGNATURE ATTENDING M.D. PHYS. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 🧥 (County) MARYLAND 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State REMOVAL (Specify) BALTIMORE. 7-6-86 GARDEN OF FAITH 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR HUBBARD FUNERAL HOME, 4107 WILKENS AVENUE #29 Ocharles 20 M 1/66 1966 DATE

			508802	
			PAGE 1	
				3
				1.8
, -, 11,	2215 NO. 1			
	ALASKI SALT OLI TO			
		The state of the s		
				0.00
		Will Till a superi	CE CRUCHONA	

MARYLAND STATE DEPARTMENT OF HEALTH

		A Ademinate	00000
Con. To see	MINIT THE	form.	77 9/62
	u 0.1/0h	And the second	
District ins	- market of - m - d , if m is	Int' po-	Centre 9. Enfoyee and
29 00			
	99.1 (5		Valle of a large
			STATE OF THE STATE
CALCOTTAL - II-		a part	and and the second seco
		Total 2	
er primi au r'			Colonia Schall Medical Co
00 %			
• • •	Creation of the control of the creation of the		Section 1 with the
			A HELL STREET
	*15 CHANNAHAR S		

1 \ \ \ /		DEPARTMENT OF HEALTH	21201
	Division of STATISTICAL RESEARCH AND RECORDS. Item 7 Film G379 MEDICAL EXAMINER'	301 W. PRESION SIREEI, BALTIMORE, MARTLAND	0.0000
FOR STATE	09304 MEDICAL EXAMINER	S CERTIFICATE OF DEATH	09298
HEALTH DEPT.	1. PLACE OF DEATH 0. COUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution: Rea. STATE b. COUNTY	esidence befare admission)
elay is id 3 to i. Poge nent of deoth.	Anne Arundel MARYLAND	Maryland	Anne Arundel
any delay is n PM3. Poge PM3. Poge epartment of softer death.	b. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL an	d give nearest tawn)
2, on PM3 Ppartm	Annapolis	Annapolis	02-1
Dep Dep Irs of	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) 39 Calvert Street	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
ooth. If any delay oggs 1, 2, and 3 ith form PM3. Po State Department 2 hours ofter deal		39 Calvert Street	YES NO
ofter deoth. If c 8. Give Pages 1, olong with form with the State De within 72 hours	3. NAME OF First Middle DECEASED (Type or print) TOHN	Lost 4. DATE Month OF	Doy Year
Sive ng v h thin	(Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 7. MARRIED NEVER MARRIED	GURRY DEATH July 8. DATE OF BIRTH 9. AGE (In years LEU	28 19 66 NDER 1 YEAR IF UNDER 24 HRS.
hours ofter deoth. If contrem 18. Give Pages 1, Office along with form land 2 with the State Deevent within 72 hours	Male Negro WIDOWED DIVORCED	Jan. 13, 1889 (lost birthdoy) 77 yrs.	
hours Item 1 Office 1 and 2 event	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR		12. CITIZEN OF WHAT
24 h in Ite in Ite s Od es Ta	during mast af warking life, even to set in the INDUSTRY	Baltimne mel	COUNTRY?
hin 24 ncil in niner's peges in ony	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	7007.
de la se	John Juny &	Carrie D Brown	
ed v	15. Who DECEASED EVER IN U.S. SAMED FORCES? (Yes no, arunknown) (If yes give you per dojes of pervice)	7. INFORMANT Address	0 / 1
ecut ing' ing' edicc ermi ova	0100	lioter Ruman 3118 x	sprightere
This certificate should be executed icate, writing the word "pending" in be forwarded to the Chief Medicol E I be used as o burial-transit permit. For to burial, cremation, or removal, a	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
should be en word "per or the Chief burial-tronsit mation, or re	982x IMMEDIATE CAUSE (6) Multiple Stab Wou	nds of Neck and Trunk.	ORSET AND DEATH
ate should g the word ed to the C o burial-tr cremation,	Conditions, if ony, which gove) (b)		
he he to t bur ma	rise ta immediate couse (o),		
ficate ing the ded 1 os o 1, cre	stating the underlying couse lost.		
This certificate should cate, writing the word be forwarded to the Che used os o burial-troops to burial, cremation,	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY
forv forv	200. EXTERNAL CAUSE WAS PRIMARY XX or CONTRIBUTING Stabbed multipl	,	PERFORMED? YES X NO
INER: This e certificate, should be for files. 3 should be used into prior to learn	200. EXTERNAL CAUSE WAS PRIMARY ☑ OF CONTRIBUTING ☐	ED. (Enter noture af injury in Port I or Port II of item 18.)	
INER: ne certifi should files. 3 should		e times.	
3 = 1 S = 2	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. I While Not While I Was Wile I Was Indian I was I w	PLACE OF INJURY (Home, form, 20f. (City or town)	(Caunty) (State)
KAN te tl your age	ME 1/20 1/00 of work La	factary, street, office bldg., etc.) Home Annapolis	A.A. Md
DEPUTY MEDICAL EXAM ressory, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page salth or its designated age	21. I certify that I taak charge of the remains described above,		, and in my apiniar
EDICAL OSE exe rector. P sined fo RECTOR	death resulted from: Natural causes , Accident , S	uicide 🔲, <u>Homicide 🏿</u> , Undetermined manne	r 🗌
MEDT pleose direct retoine DIREC ts design	ACTUAL (1)	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
Y, p roll e re AL r its	SIGNATURE Charles 1 cely	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER □	7/28/66
PU.	EXAMINER'S NAME (Type) Charles S. Petty, M.D.	Address (Street, city, tawn, or county)	1/20/00
necessory, please execute the funeral director. Page 5 may be retained for you TO FUNERAL DIRECTOR: Page Health or its designated o	230. BURIAL, CREMATION, 23b. DATE THEREOF 28c. NAME OF CEMETERY (OR CREMATORY 23d. LOCATION (Gity or Town)	(Caunty) (State)
7 + 2 5 +	Bunch 8-2-66 Net Cufu	un (Out Ballo M	0
VR A15ME (24. EUNTRAL DIRECTOR ADDRESS		AR'S SIGNATURE
6M 1/66	Choy V. Wilson Lon Brankty he	DAUG 3 1966 gcla	rles Judge

1.5

The second secon

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 CERTIFICATE OF DEATH should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY ORTOWN (If outside corporate limits, write RURAL and give nearest town) 24 write RURAL and five neerest town) -2. within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? completely YES T NOF paper n 72 h NAME OF Middle DATE Month 4. Year DECEASED OF (Type or print) DEATH carbon, it, within 19 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS OF BIRTH pue last birthdey) Months Devs Hours WIDOWED A DIVORCED physician гетоме 9/9 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working tife, even if ratired) Unknowi AKAGWI please 2 13. FATHER'S"NAME 14. MOTHER'S MAIDEN NAME aftending and ain Then removel, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (If yes give wer or detes of service) requires that the hospital or attending physician. his certificate has been signed by the Us? permit. 18. CAUSE OF DEATH [Enter only one cause per line for a INTERVAL BETWEEN (b), and (c). 0 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation burial-transit DUE TO Conditions, if any, which (b) gave rise to immediate cause burial DUE TO (a), stelling the underlying the cause lest. PHYSICIAN: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) WAS AUTOPSY SE 0 CERTIFICATION PERFORMED? use prior NO T YES for 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of item 18.) After this of Health OF CONTRIBUTING TO CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING be retained by MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ! (State) 20c. TIME OF INJURY Month, Dey, Yeer 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. DIRECTOR: Dept. et work et work p.m. 99 21. I certify that (I) (this hospital) attended the deceased from.... plnous State M, from the causes and on the date stated above. 19. 6 9 and that death occurred at 4 saw the deceased alive on.... шау 22b. DATE 22a. SIGNATURE ATTENDING MED. STAFF SIGNED HOSPITAL page with th FUNERAL DIRECTOR rchar PHYS. PHYS. M.D. Page 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ector, filed DATE THERPOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 230. BURIAL, CREMATION, 0 = 3 0 REMOVAL (Specify) NEC'D BY REGISTRAD 256. ADDRESS 24 FUNERAL DIRECTOR'S VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09306 CERTIFICATE OF DEATH ond 2 death. requires that the deoth certificate be executed within 24 haurs after deoth 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH o COUNTY o. STATE b. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1h Annapolis
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Annapolis e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 28 Parole St. Anne Arundel General Hospital NO T 3 NAME OF Middle 4 DATE Last Year DECEASED HALL 19 66 Rudolph July none) DEATH (Type or print) 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Days Male Negro WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind af work dane during mast provesking life, every retired) THE LIPTHPLACE (County & Store, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR COUNTRY? INDUSTRY Maryland FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no. 17 Inknown) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying cause the has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO O FUNERAL DIRECTOR: After this certificate for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) (State) Nat While Haur a.m. foctory, street, office bldg., etc.) 19 4, to July 4, 1966, that (1) (We) last 21. I certify that (I) (this cospital) attended the deceased fram. be retained M. fram causes and an the date stated above. saw the deceased alive an July 4. ____1966_, and that death accurred at_ 22a. SIGNATURE 22b. STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 110 Clay St., Annapolis, Md R. L. Richardson, M.D. director, 23c. NAME OF CEMETERY OR CREMATORY 72Sa. REC'D BY REGISTRAR INERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATUR 20 M 1/66

COSON STATE OF STATE I of a second to the training to the trainin 0804 . . mil and the sentant of the said The state of the same of the s

FUNERAL

0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

IU820. 3. Lelique Siture DACK JR US VITO T ALZOY REPORTED IN SECURITION OF THE SECOND TO DESCRIPTION OF THE PROPERTY twin an entropy of the contract of the contrac 2/7/1966 Principle vod Sent, Tour Com survise, Sed. daysond C. Hele Clear Barmer, Wo.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03303 CERTIFICATE OF DEATH 09308 death be executed within 24 hours after deoth 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH the attending physicion ond completely filled in by the funeral sit permit. Then please remove carbon papers. Pages Vond o. COUNTY b. COUNTY o. STATE Anne Arundel Maryland Anne Arundel MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b RURAL - Edgewater Annapolis 2 hrs.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) 2 hrs. e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Rt-4, Box-12 YES NO X Anne Arundel General Hospital 3. NAME OF Middle Lost 4. DATE Month Year DECEASED July 19 66 HARDESTY Ella Rosa DEATH (Type or print) YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Hours White Sept. 22, 1906 WIDOWED DIVORCED Female 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) **INDUSTRY** Maryland cashier
13. FATHER'S NAME Beach resort Mayo Rosa Ward John Wesley Bawson 17. INFORMANT Address IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. requires that the deoth (Yes, no, or unknown) (If yes give wor or dotes of service) Marvin Hardestv. Jr. same as #2 above 217-24-7892 NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-tronsit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate hos been os the 19. WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year Not While foctory, street, office bldg., etc.) of work , 19 , to July 7 , 19 66 that (1) (SE) last 21. I certify that (I) (this hospital) attended the deceased fram. saw the deceased alive an July 7. 1966, and that death accurred at M, fram causes and an the date stated above. 22b. DATE SIGNED 220. SIGNATURE M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Hahn Prof. Bldg., Severna Park, Md. NAME (Type) Ray M. Smith, M.D. 23o. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (Stote) 7/10/66 Hillcrest Cemetery Annanolis 24 FUNERAL DIRECTOR Hopping Hopping Funeral Home 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 1966 Annabol

The second of th

. W. Com Miller of Committee of the No.

and the control of th

The state of the second state of the state of the state of the second state of the Age. Harmes 1. Magazan, Car. The age of the contract of the co 45-1-233 The same of the sa France Ber W

MARYLAND STATE DEPARTMENT OF HEALTH

HOUSE TO TLANFIE

	The Let of the	12	
	the feet of		
	2 7 7 7 W 1 E		
		The state of the s	
٠ .	WAS BEEN TA	The state of the s	THE LOCKET
		CMI DV	
			2
)
E Au			
• / •	C. C		

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09305requires that the deoth certificate be executed within 24 hours after deoth and physician ond completely filled in by the funeral en please remove corbon popers. Pages 1- and oval. and in-any, event, within 72 hours after deal PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. STATE b. COUNTY (If outside corporate limits c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) CHESAPEAKE ROWNSVill d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) CROWNSVILLE HOSPITAL COLDRADO NO I 3. NAME OF DECEASED First Middle Doy Year OF DEATH WILLLE HAWTHORNE 66 EUMENE JULY (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR BACE 7. MARRIED NEVER MARRIED DATE OF BIRTH elast birthdoy) Months Hours DIVORCED WIDOWED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) TENNESSEE 14. MOTHER'S MAIDEN NAME LETCHER HAWTHORNE 16. SOCIAL SECURITY NO. 17. INFORMANT Hospital Records Yes-WI 8-7-1918- 8-13-1919 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN tronsit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH HEART FAILURE signed by i IMMEDIATE CAUSE (o) (b) CEREBRO - VASCULAR ACCIDENT DUE TOWNTHYPERTENSION. Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause the TO FUNERAL DIRECTOR: After this certificate hos been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) SUNDROME SEC. CEREBRAL APTERIOSCLEROSIS NO TO Por 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20e. PLACE OF INJURY (Home, form, (City or town) 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Not While be retoined by deceased fram 4-20, 1966 to 1-26, 1966 that (1) (we) last 1966, and that death occurred at 540 M, fram causes and on the date stated above. 21. I certify that (I) (this haspital) attended the deceased fram_ saw the deceased olive an A 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF 7/27/66 M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Crownsville, Maryland NAME (Type) Beredict. M.D director, 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) July 20-1966 Arlington Nat'1 Arlington. Virginia 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Miarles VR A15 (4) 20 M 1/66 DATE JUL 19\$6 Simmons Bros. -1661-Good Hope Rd SE Wash DC

COELD The sales of the sales of the sales of the sales of the

The sea and the season of the

	1		DIVISION OF STATIS	MAR STICAL RESE			OF HEALTH	i , BALTIMORE 1	MARYI ANI	n
ė.	F22ª		09312		CERTIFICA			, DALTIMORE I	0.93	106
24 hours after death	funeral 1 and 2 1 death.	1.	PLACE DF OEATH a. COUNTY	1		2. USUAL RESI	DENCE (Where decea	sed lived, If institution	n: Residence before	admission)
after	the afte	_	b. CITY OR TOWN (if outside cor	porate limits.	MARYLAND	ma	N (If butside corpo	AN No		e
urs	in by s. Pag hours		Write RURAL and give nearest	town)		Para	dona		02.	/
P ho	filled papers. in 72 h		d. NAME OF HOSPITAL OR INSTIT	UTION (If not in h	ospital, give street addres	d. STREET AOOR		2 10.	e. IS F	A FARM?
	completely filled ve carbon papers event, within 72	3.	NORPH HR	UN de First	Middle	Bo 1 25	7 RF C.	High Point	Day YES	NO X
ı wit	carbc snt, w		DECEASED (Type or print)	nARY	E. K	E/FERSTA	OF DEATH	July	/) 1	1966
cutec	and completely remove carbon r any event, with	5.	SEX 6. COLDR DR R	7. MARRIEO		8. DATE OF BIRTH	9.	AGE (In years IFUNG last birthday) Month	OER LYEAR IF UN	OER 24 HRS
exe			USUAL OCCUPATION (Give kind of a most of working life, even if re		INO DF BUSINESS OR NOUSTRY	11. BIRTHPLAC	E (County & State, o	yrs. r foreign country) 12	CDUNTRY?	HAT
ite bi	please and in	13.	HOUSE WORK FATHER'S NAME	ous	1 forms	Baltin	one Co.	md-	4.S.A.	
tifica	ng phy lien p moval	13.	willia 6	honne		14. MDTHER'S	MAIDEN NAME	Fair		
h cel	the attending it permit. The nation, or rem	15 (Ye	WAS OECEASED EVER IN U.S. ARMI	OFDRCES? 16.	SOCIAL SECURITYNO. 17	. INFORMANT	1 0/2	Address	18	
deat	he at perm tion,		18. CAUSE DF DEATH [Enter on	21	9-54-3767 m	us. Lillie	A. Mar	Ks-SAme	US Z	DETWEEN
t the	> 0 E		PART I. DEATH WAS CAUSE IMMEDIATE CA	D BY: -/	ine for (a), (b), and (c).1	of my	caredis	m	INTERVAL ONSET AN	ID OEATH
s tha	igned by rial-transi rial, crem		4201	DUE TO	1. 1	1. 6.	em tol	7	3dA	45
quire,	been si the bur r to bur		Conditions, if any, which gave rise to immediate	(b) TIC) DUE TD	teriosciero	TIC 110	ALL YE	14426		
IW re	has be as th prior	z	underlying cause last.	(c)						ALIZEDAN
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within retained by the hospital or attending physician.	fifer this certificate has been be detached for use as the State Dept, of Health prior to	CERTIFICATION	PART II. DTHER SIGNIFICANT CON	DITIONSCONTRIBI	JIING ID OEATH BUTNOTRE	LATEO TO THE TERMI	NAL DISEASE CONOI	TIDN GIVEN IN PART 1	I(a) 19. WAS PERF YES	AUTDPSY FORMED?
AN:	certificate hed for use t. of Health	RTIF	20a. ACCIOENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EX	G 20b.	OESCRIBE HOW INJURY DO	CURRED. (Enter natu	re of injury in Part	t I or Part II of Item		
IYSIC P pos	his ce tache Dept.	4	(IF EITHER, NOTIFY MEDICAL EX 20c. TIME DF INJURY Month, I		NJURY OCCURRED 20e. P	LACE OF INJURY (Hon	ne.farm.l 2Df. (C	ity or town)	(County)	(State)
5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	After thi	MEDICAL	Hour a.m. p.m.	19 While at work	Not While fac	ctory, street, office blo	lg., etc.)			
ATTENDING retained by	TOR: Af should th the S		21. I certify that (I) (this		ed the deceased from_	D-29	, 196 L, to_	7 - / , 19	9 <u></u> , that (I)	(we) last
	3 sh with		saw the deceased alive on 22a. SIGNATURE		19 86, and th			22b.		ted abbve.
M 20 %	L DIR		22c PHYSICIAN'S	mes	* An	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	7-1-66	<u> </u>
O HOSPITAL	TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		NAME (Type) A	-MEAC	Je/m.	S. ZZd. ADDRES	EVERNA	PARK,	Md.	17:42
0 HO	direct shou	238	BURIAL, CREMATION, 23b. D. REMDVAL (Specify)	ATE THEREDF	101	RY OR CREMATORY	23d. LDC	ATION (City, town or	county)	(State)
	0.	24	FUNERAL DIRECTOR	1966	ADDRESS ADDRESS	Memorial - 25a.	REC'D BY REGIST	RAR 25b. REGISTA	RAR'S SIGNATURE	ing.
VR 20A	A15 (4)	5	ingleton Fun	eml for	re Clar Back	VIE OATE	JUL 6	1966 20	lianley)	udge
2011	23	- 3.5								0

MARYLAND STATE DEPARTMENT OF HE DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON ST		MARYLAND
09313 CERTIFICATE OF DEATH		03307
	here deceased lived, If institution b. COUNTY	
a. COUNTY ANNA ARUNDEL MARYLAND D. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits)	de corporate limits, write RUR	· A · CO ·
write RURAL and give nearest town)		and give incured town
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	rid.	e. IS RESIDENC ON A FARM?
1306 Dubois Street 1306 Duboi	s Street	YES NO.
3. NAME OF First Middle Last 4. (Type or print) MARY LEE HILLIARD	DATE Month 7/28/66	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	9, AGE (In years IF UND , last birthday) Month	ER 1 YEAR IF UNDER 24 HR s Days Hours Min
Female White WIDOWED DIVORCED 7/14/1926	40 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired) INDUSTRY 11. BIRTHPLACE (County of INDUSTRY)	& State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
Housewife Moorfield,		USA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO, 17. INFORMANT	Address	1
(Yes, no, or unkown) (If yes give war or dates of service)	Hilliard, Jr	bois St.
1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	militard, or	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmoney Ar Brosis - Co	hoponi	ONSET AND DEATH
5-8/0 DUE TO		
Conditions, If any, which \ (b) Heart failure		
gave rise to immediate cause (a), stating the DUE TO		u
underlying cause last. (c) Charles by hile	OR COMPLETION OF THE IN DADY	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPATED TO THE TERMINAL DISEASE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury of Contributing Cause of Death	ry In Part I or Part II of Item	18.)
	20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	Lots (one) or tonny	(01010)
Hour a.m. While Not While at work 19 at work factory, street, office bldg., etc.)		
21. I certify that (I) (this hospital) attended/the deceased from 1963 19	_, to_7/28, 19	66, that (I) (we) Ia
21. I certify that (I) (this hospital) attended the deceased from (9 6 3 , 19 saw the deceased alive on 7 24 19 66, and that death occurred at 22a. SIGNATURE		that (I) (we) la
21. I certify that (I) (this hospital) attended/the deceased from 1963, 19 saw the deceased alive on 1/24/1966, and that death occurred at 22a. SIGNATURE M.D. ATTENDING MED. DIRECT DIRECT MED.	, to 7/2 , 19 M, from the causes and o	that (I) (we) la
21. I certify that (I) (this hospital) attended the deceased from (9 6 3 , 19 saw the deceased alive on 7 (24 19 6 6, and that death occurred at 22a. SIGNATURE M.D. ATTENDING MED. DIRECT MED. PHYS. 22d. ADDRESS	, to 7/2 , 19 M, from the causes and o	that (I) (we) land the date stated above the signer of the stated above the signer of
21. I certify that (I) (this hospital) attended/the deceased from 1963, 19 saw the deceased alive on 724 1966, and that death occurred at 22a. SIGNATURE 22a. SIGNATURE M.D. ATTENDING MED. DIRECT MED. PHYS. 22d. ADDRESS NAME (Type) Sol Smith 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 22d.	, to 7/28 , 19 LM, from the causes and o	that (I) (we) land the date stated above the signer of the
21. I certify that (I) (this hospital) attended/the deceased from 1963, 19 saw the deceased alive on 7 24 1966, and that death occurred at 22a. SIGNATURE 22a. SIGNATURE M.D. ATTENDING MED. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Sol Smith 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Bullial 8/1/66 Baltimore Nat'L. Cem	To 7/28, 19 M, from the causes and o 22b. CTOR PHYS. 7 Belvedere Ave 3d. LOCATION (City, town or Balto.	that (I) (we) Ian the date stated above the signer of the stated above the
21. I certify that (I) (this hospital) attended the deceased from 1963, 19 saw the deceased alive on 7 24 1966, and that death occurred at 22a. SIGNATURE 22a. SIGNATURE M.D. ATTENDING MED. DIRECT MADRESS NAME (Type) Sol Smith 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Billia 1 8/1/66 Baltimore Nat'L. Cem	The state of the causes and of the causes are caused as a second of the causes and of the causes are caused as a second of the caused as a second of the causes are caused as a second of the caused as a s	that (I) (we) Ian the date stated above the signer of the stated above the

```
GHE GA
         . Ed . - coloction
       1905 robols Street
         WE Winder I. Hillion . E.
of with 1251 introdes Avanta and
legist 8/1/55 Stranger Marine Det . Bet 18
             Utehol' - Ledeleld Home, Inc. : all
```

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

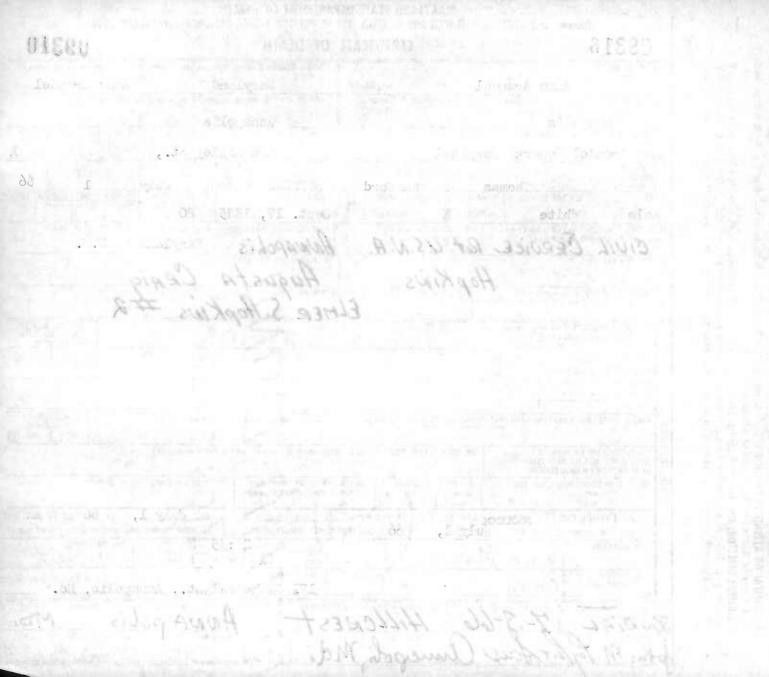
in .			09314			CERTIFICATE	OF	DEATH		09	3(18	/
requires from the death certaintaile be executed within 24 facts are death a physician. I signed by the attending physician and campletely filled in by the function burial-transit permit. Then, bease remave carbon papers. Pages 1 and 5 burial, cremation, ar remaval, and in any event, within 72 haurs after death			PLACE OF DEATH D. COUNTY			MARYLAND		JAL RESIDENCE (Who	nere deceased lived, if instit b. CO		before odmi	ssion)
affe e			o, CITY OR TOWN (I	runde 1 foutside corporate limits	3.	c. LENGTH OF STAY IN 16	c, CITY	OR TOWN (If guts	ide corparate limits, write R	URAL and give r	nearest tawn)
by the furs. Pages 1			write RURAL and	give nearest tawn)		36 days				1/	7 3	13.0
in by			Laurel	AL OR INSTITUTION (If no	t in harnital		d STD	Washing BET ADDRESS	ton, D. C.	4	I e IS R	FSIDENCE
illed in papers.	117						d. SIK	LLI ADDICESS				ESIDENCE A FARM?
filled pape thin 72	07			en's Center			10	00 - 12+1			-	NO NO
wit wit			NAME OF DECEASED	Fir		Middle			4. DATE Mo	inth	Day	Year
campletely filled in ave carban paper y event, within 72			Type or print)		athan		Hol1		DEATH Jul			1966
we ve		S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED X	B. DATE	OF BIRTH	9. AGE (In years last birthday)	Months [YEAR IF UN Doys Hou	DER 24 HRS.
D CO		M	ale	Negro	WIDOWED	DIVORCED	4-1	5-64	2 yrs.	I III III I	7013	mer.
cian and campletely fease remaye carban and in any event, with			ng most of working	(Give kind af wark dane ife, even if retired)	IN.	IND OF BUSINESS OR IDUSTRY		RTHPLACE (County &	State, or foreign cauntry)	COUN	EN OF WHAT	
Sicio		13	FATHER'S NAME	ionalized	-	-	14 MC	D. C. OTHER'S MAIDEN NA	MF	U	ISA	
1	1	10.	Tritter 3 Trains				14					
ing phy Then emave	/	10	WAS DESEASED EVE	DINILIS ADMED CODECC	T 14	SOCIAL SECURITY NO. 17. I	NFORMA	Delores	Holland Bro	dress	-	
attending permit. The permit. The ian, ar remi		(Ye	s, no, ar unknown)	R IN U.S. ARMED FORCES? (If yes give war ar dates a	f service)							
affend permit.			No				Chil	dren's C	enter Hospita	1, Laur		
that the d an. by the att transit perr crematian,			18. CAUSE OF DE PART I. DEAT	ATH (Enter anly one cau H WAS CAUSED BY:	Ac	(a), (b), and (c).) piration of gas	stri	c content	t		ONSET AN	D DEATH
tho an. by crer			3255	IMMEDIATE CAUSE								166 to
equires that the physician. Signed by the burial-transit burial-transit burial, cremat	- 1		Conditions, if ony,	which gave		eumonitis				1 =	death	1
Ped Signa			rise to immediate	e cause (a), (114	
			last.		(c) Me	ntal retardation	on					
attending attending has been the		NOL	PART II. OTHER SIG			TO DEATH BUT NOT RELATED TO		INAL DISEASE COND	ITION GIVEN IN PART 1(a)		19. WAS A PERFO	RMED?
An: In	0	CERTIFICATION	20a. ACCIDENT WAS	UNDERLYING	20b. DI	SCRIBE HOW INJURY OCCURRED.	(Enter na	ature of injury in Po	art I ar Part II af item 18.)		113	NO K
etained by the hospital or at COR: After this certificate hospital be detached for use with the State Dept. of Health			(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)						134.		
rhrs te hos his ce etache Dept.		MEDICAL	20c. TIME OF INJU	RY Manth, Doy, Year	20d. I While	NJURY OCCURRED 20e. PLAG	CE OF INJ	JURY (Home, form, et, office bldg., etc.)	20f. (City ar tawn)	(Caun	ty)	(State)
by the Affer of be de State		E	p.n	1. 1	ot war	k 🗀 atwork 🗀				14		
After After J be c			21. I certif	y that (I) (this has	pital) otten	ded the deceosed from	_Jun	ie 13 , 19	66 , to July 9	, 1966	L, that (I') (we) los
the State of the s			sgw the de	ceased alive an	July S	19_66, ond tho	t death	occurred at1	:30pM, from cause	s ond an the	e date sta	ted abave
be retained DIRECTOR: A ge 3 shauld led with the			226 SIGNATURE	75						22b. DAT	E SIGNED	
			Hore	x2/1 <	con	M.I	D. PHY	rs. 🔲 D	MED. STAFF PHYS.	□ Jul	y 9, 1	1966
1 7 P	1		ZZc. PHYSICIAN'S					d. ADDRESS			141	
RA be	1		NAME (Type)	GEORGE T	. ECON	IOMOS, M. D.		Children	's Center, L	aurel,	Md.	
Page 4 may be re TO FUNERAL DIREC director, page 3 s		230	BURIAL, CREMATIC	N, 23b. DATE THE	REOF	23c. NAME OF CEMETERY OR	CREMATO	RY	23d. LOCATION (City or	Town) (C	County)	(State)
die die	2		REMOVAL (Specify)	7/12	/66	Children's Co	ento	30	Laurel Ru	ral A	.A.	Md.
	1111	24	FUNERAL DIRECTO		1	ADDRESS	C	/ 2So. REC'D	BY REGISTRAR 25b.	REGISTRAR'S SIG		our -
VR A15 (4)	· PR		11 11:	+ 1/2	-/		6.	/ 111	11 1 8 1966	1 con	The same	0

351 The State of the S The state of the s M. Derinal , Pringer and American Street, March 1988 the state of the same of the s ALL PROPERTY OF STREET

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09315 CERTIFICATE OF DEATH and 2 death. filled in by the funeral papers. Pages 1 and 2 thin 72 hours after death. requires that the death certificate betweented within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY ne Arundel o. STATE b. COUNTY Baltimore City MARYLAND b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b 4mos. 12 days #6 Baltimore 0-4 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS filled Crownsville State Hospital 6008 Cedonia Ave. 06 event, within NO X YES 🗍 pan 3. NAME OF First Middle 4. DATE Lost Day Year DECEASED (Type or print) 3-#31328 D. Emma Holzner Car DEATH 19 66 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Female last birthday) Months Davs Hours in any WIDOWED DIVORCED eb. 8. 1888 ang 10a. USUAL OCCUPATION (Give kind of wark dane during prostot working life eyepaf retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRYS . A . Maryland pup Lephone 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, the attending phys Charles Holzner Weter Margaret 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war or dotes of service) 212–05–1298 17. INFORMANT Address Hospital Records No crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit Chronic Brain Syndrome Associated with PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Arteriosclerotic Cardiovascular Disease Conditions, if ony, which gave rise ta immediate cause (a), DUF TO stating the underlying cause as the priar tal has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? years operation for Ca Colostomy after 9 NO X TO FUNERAL DIRECTOR: After this certificate YES [for 20a. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) Haur o.m. foctory, street, office bldg., etc.) Not While TO HOSPITAL OR ATTENDING Page 4 may be retained by the 21. I certify that (I) (this hospital) extended the deceased from 19_65that (I) (we) lost shauld and that deoth occurred af P sow the deceased alive an M, from causes and on the date stoted abave. DATE SIGNED 7/1/66 22h PHYS. DIRECTOR 22d. ADDRESS PHYSICIAN'S NAME (Type) Hildegard Heard Reissmann, M.D Crownsville State Hospital, Md. director, 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Baltimore, Md. Parkwood (emetery Burra 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR VR A15 (4) Melianles Ruck Inc. Balto. Md. 21214 1966 20 M 1/66 DATE

\$ \$ 1 m	Estagg 30 Eta	MEDIONI	0.0800
(4) (7) (1)			
			Care to be
	tifle Lyris Holling		TATAL STATE
	the Lyne 19 19	t Tivetta	
	ON CHARLET ING THE		
		The street of the	
10 10 10 10 10 10	the fact of the second	207 (0007) 97 0	
	, a		
		also gar to	TIME TO WELL
			TOURSE COLUMN
		LOSIL CONTROL OF	
			A lambaga
		ar years and the second	
			or or the property and
		the section the section	
		the section the section	
х			
m ę		the section the section	
		The state of the s	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09316 CERTIFICATE OF DEATH and 2 requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) ord completely filled in by the funeral PLACE OF DEATH a. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 1h write RURAL and give nearest town) Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS hin 72 Anne Arundel General Hospital 106 Shiley St. NO X YES | 3. NAME OF Middle 4. DATE Lost Year DECEASED 19 66 (Type or print) HOPKINS DEATH July Thomas Sanford IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years S. SFX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthdoy) Manths Haurs 1885 Male White Sept. 17. 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR (County & Stote, or foreign country) COUNTRY? Maryland 13. FATHER'S NAME 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b)) and (c).) buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO Canditians, if any, which gove rise to immediate couse (o). DUF TO stoting the underlying cause O FUNERAL DIRECTOR: After this certificate hos been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X Poge 4 moy be retoined by the hospital or for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, (City or town) (State) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour a.m. foctory, street, affice bldg., etc.) attended the deceased fram 1. 19 66 that (1) 000 (ast 21. I certify that (1) (this shospital) July saw the deceased alive an 19 66, and that death occurred at M, fram causes and an the date stated above. 22b. DATE SIGNED 22a, SIGNATURE M.D. DIRECTOR PHYS. director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Cathedral St .. Annapolis. 23a. BURIAL, CREMATION, (County) (Stote) PUNERAL DIRECTOR 2So. REC'D BY 26b. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) 20 M 1/66 DATE

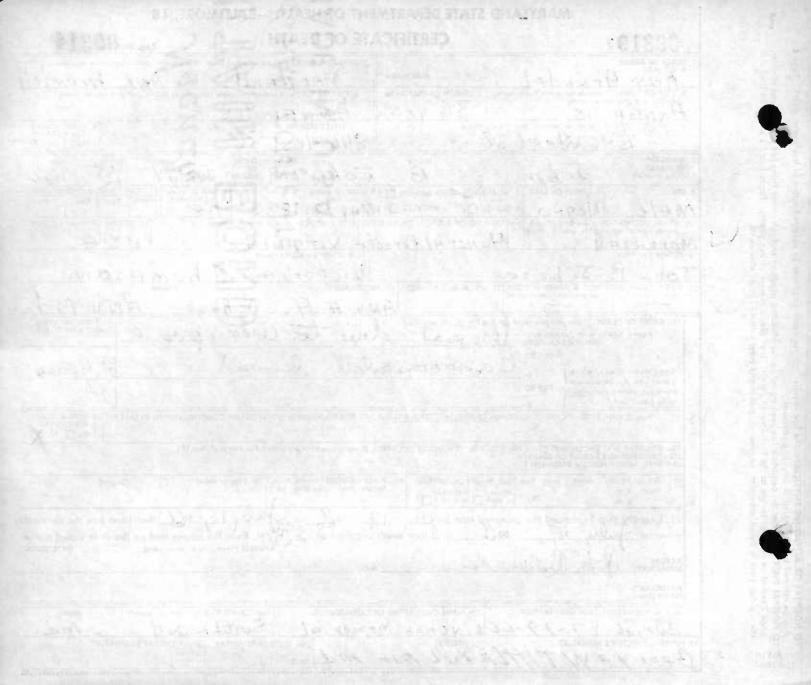


1. PLACE OF DEATH	E OF DEATH	09311
A. COUNTY AN Ne. Approvale MARYLAND	2. USUAL RESIDENCE (Where daceased lived, e. STATE MARY AND b. CO	If institution: Rasidance before edmissio UNITY HNNE ARLINGA
b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, w	rita RURAL end give nearest town)
Glen Ruenio to 3-16-66 To	UNKNOWN	02-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddrass)	d. STREET ADDRESS	e. IS RESIDENC
COOPER CONVOLEXENT HOME	UNKNOWN	YES NO
3. NAME OF First Middle	Last 4. DATE Mo	nth Day Year
(Typa or print) CLARANCE	Chrison DEATH SH	N 26 1966
S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE In yea	IF UNDER 1 YEAR IF UNDER 24 HRS
M Negro WIDOWED WY DIVORCED	1905 last sirihday	Months Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foraign country	y) 12. CITIZEN OF WHAT COUNTR
20 FNOWN	HAK MINON	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
UN KNO WN	MNKNONN	
	INFORMANT Addre	955
WANGEN (1945) (1945) WONE		
18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	0 1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Occlusion	ONSET AND DEATH
127 X DUE TO 2	·	Active any
Conditions, if any, which \ (b) Cerebral &	Lementision	Unharren
gave rise to immediata cause		onioni o
(a), stating the undarlying DUE TO Morlabe	Malanana	Mule
	OT RELATED TO THE TERMINAL DISEASE CONDITION OF	SIVEN IN PART 1(a) 19. WAS AUTOPS
OIL	John Continue	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Entar nature of injury in Part I or Part II of item 18.)	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	and hear of mighty of their tot feet it of flesh to.)	
	ACE OF INJURY (Homa, farm, 1 20f. (City or town)	(County) (State)
Hour a.m. Whila Not Whila fac	ctory, streat, office bldg., atc.)	(County) (State)
		5 //
p.m. 19 at work at work		
p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from.		
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	t death occurred a 36A,M, from the causes	and on the date stated above
p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from.	t death occurred a 324.M, from the causes	and on the date stated above
21. I certify than (I) (this hospital) attended the deceased from saw the deceased alive on 12. I condition and that	t death occurred a 32.4.M, from the causes M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	and on the date stated above
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	ATTENDING MED. STAFF	and on the date stated above
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	ATTENDING MED. PHYS. DIRECTOR PHYS. 22d. ADDRESS	and on the date stated above 7-77-66 Reu Burnie Mad
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 1906, and that 22a. SIGNATURE HYSICIAN'S NAME (Type) 100 Chard 140 Kfurt 1908. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	ATTENDING MED. PHYS. DIRECTOR PHYS. 22d. ADDRESS	and on the date stated above
21. I certify than (I) (this hospital) attended the deceased from saw the deceased alive on 12. I certify than (I) (this hospital) attended the deceased from saw the deceased alive on 12. I compared to 12. I co	ATTENDING MED. PHYS. DIRECTOR PHYS. 22d. ADDRESS OR CREMATORY 23d. LOCATION (City, US) 1/2 ALCATION (City, US) 1/2 ALCATION (City, US) 1/2 ALCATION (City, US) 1/4 ALCATION	and on the date stated above 7-77-66 SIGNI Can Hurnie Mad
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 1200, and that 22a. SIGNATURE PHYSICIAN'S NAME (Type) Chard 14- After NT 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	ATTENDING MED. PHYS. DIRECTOR PHYS. 22d. ADDRESS OR CREMATORY 23d. LOCATION (City, US V - M. BALL AND ALL AN	and on the date stated above 7-77-66 SIGN Con Burnie Mad

118 24 200 Consular to to cicus and Ecchard Hard and the Characteries The Provide Ill Somet 7-30 ft Mt Poblet Estimate Charles P. Low Set P. Polister

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09318 CERTIFICATE OF DEATH deoth. ond completely filled in by the funeral remove carbon gapers. Pages 1 ond 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) requires that the death certificate be executed within 24 hours ofter deat a COLINTY a STATE b. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 1b RURAL - Edgewater Annapolis 2 Davs bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS NO XX Anne Arundel General Hospital Rt. 4, Box 636 3. NAME OF Month Last Day Year DECEASED (Type or print) OF DEATH (none) JOHNSON July Dewey IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) July 15, 1903 Male Negro WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? 0 during most of working life, even if retired S. A.A.Co. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Authur Johnson Sarah Wilson 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT 219-16-1540 Matilda Johnson-Rt. 4 Box 636 Edgewater. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: signed by the buriol-tronsit puriol, cremotic Broncho Pneumonia IMMEDIATE CAUSE (a) DUF TO Cardio Vascular Renal Disease Canditians, if any, which gave rise to immediate cause (a), DHE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been os the Gastic Ulser Bleeding PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO be retoined by the hospital or be detached for 20g. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. factory, street, affice bldg., etc.) , 1957, ta July 21. I certify that (I) (thischespited) attended the deceased fram. . 19 66 that (1) (we) last 1966, and that death accurred at lowarm, from causes and an the date stated above. saw the deceased alive an_ 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR **ATTENDING** M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Wilson Lothian, Maryland Emily M. D. director, should 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION BILL REMOVAL (Specify) July 12-66 Chews Memorial Meth. Church A.A.Co. Maryland 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Charles Judge C.E. Hicks 111 Annapolis, Md. 20 M 1/66

2 2 4 2 3 has to the same of Carrier of the mainter ordered that the commence of the second



10	1, 2 al	MARYLAND STATE DEPARTMENT OF HEAD DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STRUCTURE OF DEATH	LTH EET, BALTIMORE 1, MARYLAND
	hours after death.	AAnne Arundel County MARYLAND 8. STATE Maryland	corporate limits, write RURAL and give nearest town
•	fille pape in 72	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Crownsville State Hospital 1024 E. Pratt	e. IS RESIDENC
	d withi mpletel carbon ent, wil	(Type or print) #32009 Joseph E. Johnson	EATH / 20 19 00
	executed within and completely remove carbon any event, with	Male White WIDOWED DIVORCED 4/18/1900	9. AGE (In years last birthday) Months Days Hours Min
1	be cian ase ase	a. USUAL OCCUPATION (Give kind of work done in most of working life, even if retired) Miner FATHER'S NAME 10b. KIND OF BUSINESS OR INDUSTRY W. Virginia 11d. MOTHER'S MAIDEN NAME	country?
I	certi	Edward Johnson MAKINGAN 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. no, or unknown) ((If yes give war or dates of service)	Nellie Sisler Address
	the distribution of the di	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY: HMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to Immediate cause (a), stating the DUE TO DUE TO	INTERVAL BETWEEN ONSET AND DEATH
	JING PHYSICIAN: The law requires that to by the hospital or attending physician. After this certificate has been signed by the detached for use as the burial-trands State Dept. of Health prior to burial, cre	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE Arteriosclerotic Heart Disease 20a. ACCIDENT WAS UNDERLYING DEATH OF DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury OR CONTRIBUTING DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES X ND
	ATTENDING retained by ECTOR: After a should be with the State	Hour a.m. While Not while stwork 10 this hospital attended the deceased from 5/6/, 19 66, saw the deceased alive on 19 66, and that death occurred at 22a. SIGNATURE	to 7/26/, 19 66, that (I) (we) lately from the causes and on the date stated above STAFF
	TO HOSPITAL OR Page 4 may be to FUNERAL DIRI director, page 5 should be filed to	22c. PHYSICIAN'S NAME (Type) ATTENDING MED. PHYS. DIRECTO	R L PHYS. L
	VR AIS (4)	Burial 7/26/66 Rhodeheaver Cemetery	Garrett Co. Md. REGISTRAR 25b. REGISTRAR'S SIGNATURE 1 1966 1 1966

		vanual scenar pendi
	Actual Floris . Tests in Laure	
	bit a market LOA 6. faith affects	lago stol - Evillada
25 25	a noance.	
	narignay .0	
		THE RESERVE MARKET N
	Strictural Settemning September 17-0.	
	ed game against 12	
X STATE OF THE STA	dulad/C trust of re-	
***	e d glad	
	gd /g/g H ² 1	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09316 CERTIFICATE OF DEATH 09321 requires that the death certificate be executed within 24 hours after death death pup and campletely filled in by the funeral gremave carban papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE b. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) Annapolis Severna Park ban papers. within 72 ho e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS Cypress Creek Road, Box603 YES Anne Arundel General Hospital 4 DATE 3. NAME OF Manth Lost DECEASED (Type or print) JONES DEATH July 66 Thomas Morris S. SFX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** ease remave last birthday) Months Days Hours April 9, 1893 White Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country). 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) FAMA Cha 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) ((If yes give war ar dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause by the haspital ar attending as the TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) of Health NO P far 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur a.m. factory, street, affice bldg., etc.) Not While at work at work 21. I certify that (1) (this haspital) (attended the deceased fram shauld M, fram causes and on the date stated above saw the deceased alive an and that death accurred 220/SIGNATURE M.D. DIRECTOR directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Maurice Klawans 31 Southgate Ave., Annapolis, Md. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) REMOVAL (Specify) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) Job 20 M 1/66

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death.

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

(19317

	-	09322			CERTII	FICALE	OF DEATH			(10	STR	
		PLACE OF DEATH					2. USUAL RESIDENCE (V	Where deceose			re odmission)
	-	o. COUNTY	Anne Arund	le1	MAR	YLAND	o. STATE Mary	rland	b. COUNT	Anne A	rundel	
	-	b. CITY OR TOWN (f outside corporate limit	ls,	c. LENGTH OF STAY	IN Ib	c. CITY OR TOWN (If ou		limits, write RURA	L and give neore	st town)	
f			give neorest town)		14 days		RURA	AL - De	ale	0	2 - 1	
	(d. NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in hospital,	give street oddress)		d. STREET ADDRESS				e. IS RESIDE	
3	An	ne Arund	el General	Hospit	al		Rt-1	L, Box-	-352		ON A FAR	
		NAME OF	F	irst	Middle		Last	4. DATE	Manth	Day	y Year	
		DECEASED (Type or print)	Wilso	on	Lloyd		JONES	OF DEATH	July	1	2 166	,
	5. 5	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D 8	. DATE OF BIRTH	9.	AGE (In years last birthday)	Manths Days	IF UNDER 2	24 HRS. Min.
H	M	ale	White	WIDOWED	DIVORCE	D 🔲 .	July 10, 189	2	74 yrs.	mulfills Duys	Tidots	IVIII.
		USUAL OCCUPATION	(Give kind of work dane		IND OF BUSINESS OR		11. BIRTHPLACE (County	& State, ar fare	ign country)	12. CITIZEN O		
	QUIT	GOVERA		V	A		CLAYto	N	Alabama	COUNTRY	•	
	13.	FATHER'S NAME	1/	1			14. MOTHER'S MAIDEN		/			
		HENRY		4	Nes		Emilie	14	emas			
	IS. (Ye	WAS DECEASED EVE s. ng. or unknown)	R IN U.S. ARMED FORCES? (If yes give war ar dates	of cervire)	SOCIAL SECURITY NO.	- 20	NFORMANT	í	Address	s) W/	1	
		yes.	1917-191	9 005 5	78-20-078	7 /1	label B. VI	SUCS	Deh	1e, 114	el	
		18. CAUSE OF DI	ATH (Enter only one ca TH WAS CAUSED BY:	use per line for		-	+ 12	:/ : .			TERVAL BETWI	
		~ 1 c	IMMEDIATE CAUSE	1 1 0	reesting	41	carl you	tura			all	
		Conditions, if ony	DUE	10	Jan. 1	Bras	in House	1. Vuns	ana.	Vin	ONSA	
		rise to immediat		(P)	conerry of		VOEN	your +		19	2000-	
		stating the under	rlying couse							/		
			CNIEICANT CONDITIONS	(c)	TO DEATH BUT NOT DE	LATED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN	IN PART I(a)	119	WAS AUTOP	
5	NOI	TAKI II. OIIIGE GI	renain				Y Coronaly				PERFORMED	0 1
1	FICA	20g. ACCIDENT WA		- / /			Enter nature of injury in	110			72 144	U AL
	CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	205. 01	ESCRIBE HOW MISORY C	reconner. (· on · on · gay	0			
	MEDICAL	,	JRY Month, Doy, Year	20d. I	NJURY OCCURRED		E OF INJURY (Home, farm		(City ar tawn)	(County)	(St	tate)
	WED	Haur a.n	10	While at wor	Not While at work	facto	ry, street, office bldg., etc.)					
7	-			arktad) atten	ded the deceased	fram	Elic. ,1	9.E.Z. ta	July 12	2. 19 66 t	hat (I) (va	exclast
		saw the de	eseased alive an_	July 12	1966,	and that	death accurred at	M,	fram causes a	nd an the da	te stated	abave.
		22a. SIGNATURE	-00	1-1	0 :1	1		OO AM	STAFF -	22b. DATE SIG	ED /	155
		1	wellarg	1 17	mile	W.D		MED. DIRECTOR	PHYS.	7/	12/6	6
		22c. PHYSICIAN'S NAME (Type		F Cm++	h M D		22d. ADDRESS	do Ma	2	"/	/	
			Marraia :				Shady Sic					
	230	REMOVAL (Specify	ON, 23b. DATE TH	IEREOF	23c. NAME OF CEM	7	//	23d. LOC	ATION (City or Tow	n) (County	y) (Sta	ite)
	0.6	110R-1A	1 1019	12/1766	ARINGT ADDRESS	TON M	LATIONAL DECIS	DY DECISTOR	D Jack pro	ISTRAP'S SIGNATU	DF.	
	24	FUNERAL DIRECTO	Lidit	0.0.	ADDRESS	W D	250. KEC	BY REGISTRA	1956 KEG	ISTRAR'S SIGNATU		L
	1	homas T	well sty,	O CLERK	rull_1	11-01	DATE				1.0	

			100 100 100
	Bearing		Dane Tea
		3-а) Д	
	eleni - dida	3)	42.8
	·		
37	4.1		
			400 m
	8 12 32 12 12		
	a de la fa		
• • • •	Award Control of		
		,	
			tion of the second
		, ,	
	24 24 4 Au 100 8 		San
	. X. , sol -lason	A Section of the section of	heat of the same
	,		

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00222 funeral hours after death. and PEACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY a. STATE b. COUNTY Pages 1 urs after AMME ARUNDEL MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) oon papers. Pag within 72 hours .= filled d. NAME OF HOSRITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? #10-Bex#8 YES within completely carbon NAME OF Day First DATE Middle Month Year DECEASED OF event, ROMAN (Type or print) DEATH 196 6. CDLDR DR RACE | 7. MARRIED remove n any eve AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVDRCED [attending physician a ermit. Then please re on, or removal, and in = 10a. USUAL DCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY tonia achimis Lown FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lu 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANI Address 52D permit. death (Yes, no, or unkown) (If yes give war or dates of service) NO cremation, unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the been signed by t the burial-transit or to burial, crema DNSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronar the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO 20 year Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating prior underlying cause last, has 38 CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? certificate NO T YES PHYSICIAN: After this certuing After the detached for 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While retained by at work at work hould h the 21. I certify that (I) (this hospital) attended the deceased from 19.66, that (I) (we) last and that death occurred at it PM, from the causes and on the date stated above. DIRECTOR age 3 shou iled with ti saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED 4 may be r page ATTENDING PHYS. DIRECTOR O HOSPITAL FUNERAL PHYSICIAN'S ADDRESS 200 director, p NAME (Type) PAUL ERDHAN AVE, 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME DF CEMETERY DR CREMATORY 23d. LDCATIDN (City, town or county) (State) REMOVAL (Specify) 2/11 FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 24. ADDRESS REC'D BY REGISTRAR VR A.15 (4) DATE 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

481990

ELABORATOR WASHINGTON TO THE REAL PROPERTY.

THE STATE OF THE PARTY OF THE P

EL LA TRE STATE DE LA COMPANION DE LA COMPANIO

The American Secretary and the Property of the Parket Secretary

Alex 8-29 5 5 7 WARLE BURNING TO

Trinil 154.4

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours ofter deoth 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY ARUNDEL ANNE ARUNDEL MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MIN 10 MIN FT. GEO. G. MEADE FT. GEO. G. MEADE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? physician and completely filled en please remove corban pape KIMBROUGH ARMY HOSPITAL 7428 VAN NOY LP YES NO X 3. NAME OF First Middle 4 DATE Lost Month Doy Year DECEASED (Type or print) HAZEL F. KNAPP MK 1966 onyevent, DEATH S. SEX DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED AGE (In years NEVER MARRIED lost hirthdoy) Months Doys Hours WIDOWED XX JAN 1899 FEMALE CATI DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) and in during most of working life, even if retired) COUNTRY? INDUSTRY NONE WEST NANTICOKE, PENNA. USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removol, ALBERT H. WOLVER ANNE McDANIELS IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) Address 16. SOCIAL SECURITY NO. 17. INFORMANT NO 201-26-9098B ALBERT C. KNAPP 7428 VAN NOY LP. cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) buriol-tronsit burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MYOCARDIAL INFARCTION IMMEDIATE CAUSE (o) _ signed by by the hospital or attending physician DUE TO Conditions, if ony, which gove CONGESTIVE HEART FAILURE rise to immediate couse (o), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the lost. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) of Health p CERTIFICATION NO V YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED (City or town) 20e. PLACE OF INJURY (Home, form, (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Not While of work 21. I certify that (this haspital) attended the deceased from 24. JULY , 1966, to 24. JULY , 1966, that (we) last saw the deceased alive an 24. JULY 1966, and that death accurred at 0450 M, from causes and on the date stated obave. be retained 220. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR M.D. PHYS. PHYS. TO HOSPITAL (Page 4 moy b 22d. ADDRESS PHYSICIAN'S NAME (Type) BERNARD T. KRAVITZ, CAPT TIC KIM BROUGH ARMY HOSPITAL. FT MEADE. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) REMOVAL (Specify) July 26, 1966 EDGEHILL CEMETERY. West Nanticoke, Pennasylvania ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Charles VR A15 (4) Harold S. Wade, 550 Wash. Blvd., Laurel, Maryland 1966 DATE JU 20 M 1/66

Trans. 1 (2 (4) (d) 1 (4) (d) (d) Control of the Contro

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09320 CERTIFICATE OF DEATH 09325 funeral 1 and 2 ter death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY o. COUNTY o. STATE Maryland Anne Arundel PHYSICIAN: The law requires that the death certificate be executed within 24 hours after MARYLAND within 72 haurs after c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give neorest town) Annapolis Huntingtown e. IS RESIDENCE ON A FARM? attending physician and campletely filled in learnit. Then please remove carbon papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Anne Arundel General Hospital Neeld Estate YES NO 4. DATE 3. NAME OF First Lost Month Doy Year DECEASED Allan DEATH July KNIGHT 19 66 Morton (Type or print) 9. AGE (In years IF UNDER 24 HRS. IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours White March 7, 1893 Male and in any WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10h, KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY Washington D C S.A. 14. MOTHER'S MAIDEN NAME FATHER'S NAME ar remaval, Margaret Mary Smith Harry Knight 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) 215 10 7435A Ethel M Woodell Ardmore, Md. crematian. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) the signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO ulm 11. man burial. Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying couse attending p O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION Health YES 🔀 NO P 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 2Do. ACCIDENT WAS UNDERLYING [TO HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 2Dd INIURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work 21. I certify that (1) (this hospital) attended the deceased fram u that (I) (we) last shauld ith the and that death accurred M, fram couses and an the date stated above. saw the deceased alive on 22o. SIGNATURE 22b. DATE SIGNED M.D DIRECTOR PHYS. director, page Should be filed filed 22d. ADDRESS 22c. PHYSICIAN'S Franklin St., Annapolis, Md. Theodore G. Osius 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 1966 Colmar Manor, Md. Ft Lincoln Cemetery July 15. ADDRESS 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Gasch's Sons Hyattsville, Md. VR A15 (4) 20 M 1/66

MANUAL DE MONTHERS - - - 20010

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09326 executed within 24 hours after death deoth ond 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH the attending physician ond completely filled in by the funeral sit permit. Then please remove carbon popers. Pages I ond o STATE b. COLINTY o. COUNTY Anne Arundel MARYLAND Maryland Anne Arundel b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Glen Burnie Millersville e. IS RESIDENCE ON A FARM? ve carbon popers. event, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NO V YES T Knewlwood Manor N/H 183 "M" Street 3. NAME OF Middle 4 DATE First Lost Doy Year DECEASED (Type or print) CHARLES KREIDER DEATH Julv IF UNDER 24 HRS 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthdoy) Months Dovs Hours WIDOWED DIVORCED Dec. 26.1882 Male White 12. CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) **COUNTRY?** during most of working life, even if retired) INDUSTRY The low requires that the death certificate Machinist (ret. Baltimore Universal Mach.Co II S A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI (unknown) Kreider (unknown) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 218-01-2641 Charles H. Kreider. Jr. (Son) Same as INTERVAL BETWEE 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate hos been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) use NO for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. Not While TO HOSPITAL OR ATTENDING Poge 4 moy be retoined by the ot work ot work , 1966, ta 13 July, 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from 5 MAR poge 3 should e filed with the 1966, and that deoth occurred of \overline{AP} M, from couses and on the date stated above. saw the deceased alive on, 22b. DATE SIGNED 220. SIGNATUR ATTENDING M.D. PHYS. 22d. ADDRESS South River Medical Edgewater, Maryland 22c. PHYSICIAN'S director, po should be f NAME (Type) Charles 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION REMOVAL (Specify) July 16,1966 Glen Haven Mem. Park Glen Burnie, Maryland 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR liarles VR A15 (4) Glen Burnie, Md. DATE Richard V. Singleton 20 M 1/66

15533.			* **	
			The state of the	William T
Shrum Labor F	A STATE OF THE STA		munua, mini	
	and their neis (V)		uffives	
	, and the same of		353.5	1. 000
Arun - Arun		a 3-611		
	to the state of the state of			
		Total and	ан (пидраль)	
	C			

6 16		MARYLAND STATE DEPARTMENT OF HEALTH	DVI AND
F 200-1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA 19327 CERTIFICATE OF DEATH	RYLAND 122
24 hours after death. filled in by the funeral apers. Pages 1 and 2 apers. 7 hours after death.	1.	a. COUNTY	idence before admission
rs after d by the fu Pages 1 a urs after d	-1	D. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL at	THATE
by by Page	23	write RURAL and give nearest town)	
hour l in s. hou	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENC
		NORTH ARUNDEL HOSPITAL 3412 DEEP WILLOW AVENUE	ON A FARM?
executed within and completely remove carbon is any event, with	3.	NAME DF First Middle Last 4. DATE Month DECEASED OF	Day Year
omp ca veni	5.		30 19 66 YEAR IIF UNDER 24 HR
xecuti and co		MARKIED WEVER WARRIED Never Warried last birthday) Months D	ays Hours Min.
in a in a	102	70 713.	IZEN OF WHAT NTRY?
stera and	aur	PROP. VENDING BALTIMORE. MARY LAND U.	SA
phy phy val,	13.		577
ing ing Thei	14	SAMUEL KULCHINSKY MARY ?	
e death certificate be the attending physician t permit. Then please ation, or removal, and in	15 (Ye	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address es, no, or unknown) (If yes give war or dates of service)	
leatleatleatleatleatleatleatleatleatleat		NO MRS. IRENE KULLEN. 3412 DEEP WILL	OW AVENUE
requires that the death certificate beding physician. been signed by the attending physterathe burial-transit permit. Then please reto burial, cremation, or removal, and in		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
at talian.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	
		4×0/ DUE TO ACCIÓN	
uires g ph sn s bul		Conditions, If any, which gave rise to immediate (b)	
required the the corticol to t		cause (a), stating the DUE TO underlying cause last.	
law requires attending phys has been sig e as the buria	No	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
The or a ate use alth	CATI		PERFORMED?
tific for the form of the form	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	1.20
cer cer thed ot. o		20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
TO HOSPITAL OR ATTENOING PHYSICIAN: The law requires that Page 4 may be retained by the hospital or attending physician TO FUNERAL OIRECTOR: After this certificate has been signed director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cr	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While Not While factory, street, office bldg., etc.) factory, street, office bldg., etc.)	ty) (State)
OIN ed b Aft e St	Σ	p.m. 19 at work	, that (I) (we) las
TEN COR: Houl		saw the deceased alive on 1966, and that death occurred at M, from the causes and on the	
RECT S S With with		22a. SIGNATURE 22b. PAT	E SIGNED
or be age		Jewel Colle My M.D. ATTENDING MED. STAFF Day	30,1966
SPITA 8 4 ma NERAL Stor, p		1 220. PHYSICIAN'S NAME (Type) Jerome J. Collete MD, 2217 South EN	
Page Page O FU direct	23a	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or coun-	ty) (State)
= = -	0.5	RUPTAL 8-1-66 BETH EL CONG BALTIMORE MARVI	
1	24	ALL 2 19CC OFF	4 0
VR AI5 (4)	120	OL LEVINSON & BROS INC., 6010 REISTERSTOWN RD DATE AUG 3 1956 Julian	as Juage

4 finne Haggiett. and

in Item 18. Give Pages

death.

after (

24 hours

be executed within

This certificate shauld writing the ward

please execute the certificate.

MEDICAL EXAMINER:

O DEPUTY

pending

0 death. PM3 after haurs Office alang with farm e State (72 hau the with the within event 0 gnd dny pages in anv and permit. remayal, burial-transit Б burial, crematian, 0 nsed pe agent, priar ta shauld may be retained 1dt yuur FUNERAL DIRECTOR: Page designated director. or its

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY o. STATE Anne Arundel Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Baltimore Annapolis 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 110 N. Milton Avenue Anne Arundel General Hospital YES NO 3. NAME OF Middle 4. DATE Lost Month Doy Year DECEASED BENJAMIN LANE 30 FRANKLIN Ju₁y 19 66 (Type or print) DEATH S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours Male White WIDOWED 6/6/1900 DIVORCED 66 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Berkeley County, W. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ben jamin F. Lane Ardelia Vulganott 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 487-32-4979 Norman J. Gardner-Baltimore, Maryland CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease. DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stoting the underlying couse WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? CERTIFICATION YES X NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH MEDICAL 20e. PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While at work ot work 21. I certify that I took charge of the remains described above, held an Autopsy [X] Inspection Inquiry and in my opinian death resulted fram: Natural causes 🔀 Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE 7/31/66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles S. Petty, M.D. NAME (Type) Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify)
Burial Berkeley W. Va. Lutheran Cemetery 8-4-1966 Martinsburg 24. FUNERAL DIRECTOR/ ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

Martinsburg. W. Va.

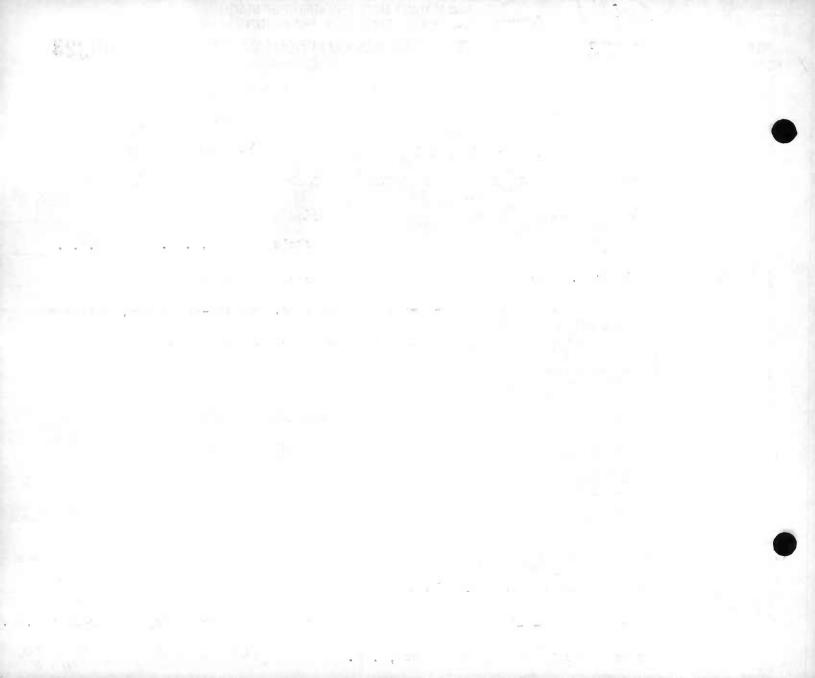
1966

DATE

VR A15ME (5) 6M 1/66

Brown Funeral Home

0

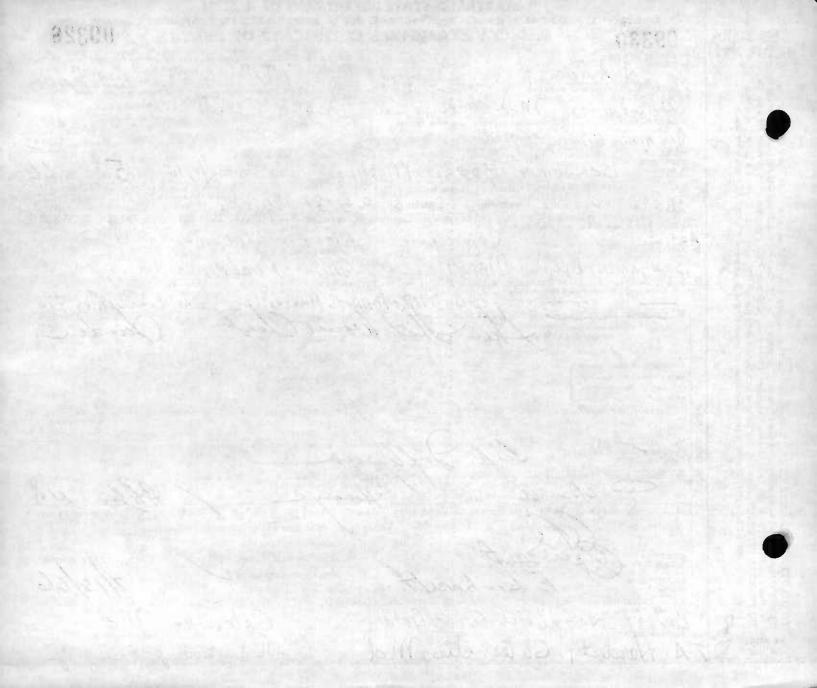


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 09329 CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY by the MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town write RURAL and give neerest-town) Lillox Fill d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) hours completely Middle Lane 3. NAME OF First 4. DATE Month Day DECEASED OF (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years 7. MARRIED NEVER MARRIED pue last birthdey) Months Days Hours Min. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS 12. CITIZEN OF WHAT COUNTRY? country dona during most of working life, even if retired) 13. FATHER'S NAME MOTHER MAIDEN NAME 14. please death attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. the (Yes, no, or unkown) | (Ifyes give wer or dates of service) or remova ng physician. that 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) fectory, street, office bldg., etc. MEDI While Not While Hour a.m. at work et work 19, that (I) (we) last 20 19 and that death occurred at 1.1. M. from the causes and on the date stated above. saw the deceased alive on. DATE 22e. SIGNATURE ATTENDING MED STAFF SIGNED DIRECTOR PHYS. PHYS. M D FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) rector, filed 23d. LOCATION (City, lown or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State REMOVAL (Specify) ÷ Churchville. Md. 0 Buria Churchville 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Jenkins & Sons Co. 4905 York Road DATE 15M 7-62 Balto.12. Md.

3 (13 1) PET twin with and a year love. B. W. Venkide Papar Co. 4500 rost police. N. B.

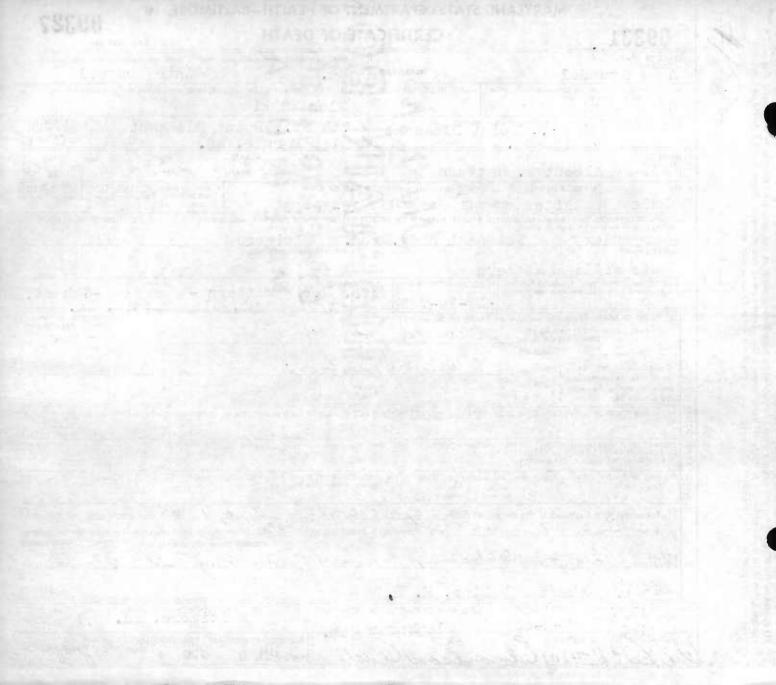
		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		09330 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09326
IEALIH DIZPI-)		PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, If institution: Residence before admission)
Page es.	100	a. COUNTY A A CO MARYLAND a. STATE M. D b. COUNTY A A CO
or. I		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
the ctc		write RURAL and give gearest town)
for you Depar		WALE IND
Dep dead		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
ped ped 53		ANNApolis General Hospital
2 4 4 4 4		NAME OF First Middle Last 4. DATE Month Day Year
the Sthe the the the the the the the the the		OF DECEASED (Type or print) BENJAMIN BOUGH MODELLAL DEATH S/1/4 15
4 5 8 4 5 4 5 4 5 4 5		DENTINO THAN THAN THE
2 × 3 × 3	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 14 HRS. Months Davy House Miss
2 mg		Male write WIDOWED DIVORCED & Feb 21, 1905 Li yrs. Months Days Hours Min.
# 7 S P #	10a	. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY) 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
s 1, s 1	do	na dyring most of working life, evan if ratired)
es es		RTIST COMMERCIAL MODINE NAADAMA USH
MA3 MA3 ev	13.	FATHER'S NAME
7 9 2		BENJAMIN BRYAN MARSHALL - HUMA PARTRIDGE
for Girling	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	(Ya	s, no, or unkown) (Ifyesgiva war or dates of service) = 20 A S710 D M.
with with perm	_	- 1901-11, COHNY. 11HRSHALL EAST LINE VALES, FIA.
al,		18. CAUSE OF DEATH [Enter only one cause feet fee for (e), (b), and (f.)
ex iii i lon lon ans		PART I. DEATH WAS CAUSED BY: MALE Shart Would Cless (Inches and Death
be a e a l-tr		976 X DUE 10
or or		
0 0 0 °		Conditions, if any, which (b) gave rise to immediate cause
ing ar's afic		(a), stating the underlying
icat and ad a		causa last. (c)
wan wan cr	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
a be le	CERTIFICATION	PERFORMED?
Sign Para O	NO.	YES NO
hed hed to to	RTIF	20a. EXTERNAL CAUSE WAS 20b. DECRIBE HOW INJURY OCCURED (Entar natura of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING
S S S	-	CAUSE OF DEATH.
Pri pri	CAL	20c. TIME OF INJURY Month, Day, Year Jod. INJURY OCCURS 20c. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Page 4	MEDIC	While Not While factory, great, office bldg., atc.)
EX the Be	×	p.m. 6/13 1966 at work at work of Herrice Hills
1 1 2 2 D 2		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion •
e de cris		death resulted from: Hatthal causes . Accident . Suicide . Homicide . Undetermined manner
in Bird		CHIEF MEDICAL EXAMINER
A P		ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED
AL AL		SIGNATURE M.D. ASSISTANT MEDICAL EARNINGER
P O E E C		EXAMINER'S DEPUTY MEDICAL EXAMINER TILE
L O - Z		NAME (Typa) Address (Streat, city, town, or county)
PE Shou	22e	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)
0 4 0 ± 0		BURIAL July 19,1966 Woodfield GAlesulle Md
	23.	FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR'S SIGNATURE
VR A15ME	1	1 day de te Calanaille Mal
5M 1/62	/_	A. Providenti, Galleville, Md DATE JUL 19 1956 Mariles Juage

MARYLAND STATE DEPARTMENT OF HEALTH



certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



851.64 Acordon Company ar here afterment for some a A Section of the last sect

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) _COUNTY e. STATE hours after Pages MARYI ANO SUM M b. CITY DR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b ove carbon papers. Page y event, within 72 hours a write RURAL and give nearest town) Lew Gler Burne UN KBOOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADORESS ARundel ND X YES executed within NAME DE First Middle Last 4. DATE Month Day DECEASED (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE | 7. MARRIEO OATE OF BIRTH AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS 9. remove NEVER MARRIED 8. last birthday) Months I Oays Hours any and WIDOWED X OIVORCED VIS. 10a. USUAL OCCUPATION (Give kind of work done) Ξ 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 11.5.A 0.7 death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT SAME 0 (Yes, no, or unkown) (If yes give war or dates of service) permit TE cremation, the been signed by the the burial-transit or to burial, cremati INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per The law requires that the ONSET AND DEATH PART I. OEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) OUE TO Conditions, If any, which gave rise to immediate as the b **OUE TO** cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY use PERFORMER certificate the hospital or YES NO 0 PHYSICIAN: this cerum detached for 2Da. ACCIDENT WAS UNDERLYING DR CONTRIBUTING DC CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bidg., etc.) Hour a.m. Not While After at work at work p.m. 1966 retained P 21. I certify that (I) (this hospital) attended the deceased from. that (I) (we) last shoul DIRECTOR: and that death occurred a 920 3 sho saw the deceased alive on M. from the causes and on the date stated above. OATE SIGNED 22a. SIGNATURE 22b. page ATTENDING OIRECTOR M.D. PHYS. O HOSPITAL AODRESS O FUNERAL PHYSICIAN'S 22d. director, p should be 1 22c. NAME (Type) (State) OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, 1 23b. REMOVAL (Specify) 1966 SILVIA. 25a. REC'O BY REGISTRAR 25b. RÉGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) OATE J 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09330MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o COLINTY ny delay is 2, and 3 ta PM3. Page o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside cornorate limits c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) BURNIC d. NAME OF HDSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs with farm 7319 DOTSON-LANE WORTH. ARUNDEL Give Pages haurs after death. 3. NAME OF 4. DATE DECEASED Dondl 1966 MAUDE (Type or print DEATH alana S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED 9. AGE (In years NEVER MARRIED last birthday) Months Item 18. WIDOWED 🖂 DIVDRCED Office event and 10b. KIND DE BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? dny pages in any Itouse wi Re None 13. FATHER'S NAME be executed within pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war or dates af service) remayal 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: D IMMEDIATE CAUSE (o) s a burial-tra crematian, This certificate shauld DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TD stating the underlying cause PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? NO NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II af item 1B.) priar PRIMARY ar CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Not While foctory, street, office bldg., etc.) 5 may be retained far yaur O FUNERAL DIRECTOR: Page Health or its designated age at wark at wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry 4 ond in my opinion deoth resulted from Noturol couses Accident Suicide , Homicide | Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 23b DATE THEREOF 23d. LOCATION (City or Town) REMOVAL (Specify) BURING 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ST SEED METARE STRAIN BOTT FOR MERCHANISM TRAIN CHEAT YEAR MARKET SERVICE AND ASSESSMENT OF THE PARTY O the term and the second property of the contract of the contra THOSE RESTORED TO SELECTION OF THE PARTY OF

÷	1 M	1	MARYLAND STATE DEPARTMENT OF HEALTH OPINISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH	1D
after death.	ter death	1.	a. COUNTY Anne Arundel Anne Arundel Anne Arundel Anne Arundel	
hours aff	in by the f s. Pages 1 hours after		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Annapolis. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Annapolis	1
74	etely filled in by bon papers. Pag within 72 hours	3.	214 Best Gate Rd. 214 Best Gate Rd. YES	RESIDENCE N A FARM? NO
ed within	completely i		DECEASED (Type or print) CORA MARTHA MCKENZIE DEATH July 26 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE DE BIRTH 9. AGE (In years FUNDER 1 YEAR FU	19 66 INDER 24 HRS.
be executed	and an)	fe 1Da dur	Cemale white WIDOWED DIVORCED Dec. 12,1886 79 yrs. Day State, or foreign country) 12. CITIZEN OF 1 Uring most of working life, even if retired) On the property of the prope	ours Min.
certificate	ding physician Then please r removal, and in	13.	housewife — Prince Frederick, Md. USA 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME P. Eugene Windsor Frances Ferguson	
death ce	attendi permit. T on, or re		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (16. Social Security No. 17.	
the	Justicial. Signed by the attending purial-transit permit. Then purial, cremation, or remov		PART I. DEATH WAS CAUSED BY: On knioteluchie conditionatelle disan 10 y	AL BETWEEN AND DEATH
requires that the	of attending physician ate has been signed t use as the burial-tran ealth prior to burial, cre		Conditions, if any, which gave rise to immediate cause (a), stating the OUE TO	
The law r	ospiral of attended certificate has led for use as it of Health prior	CATION	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PROPERTY OF THE	AS AUTOPSY RFORMED?
PHYSICIAN:	the nospital of any this certificate h detached for use te Dept, of Health p	CERTIFICATION		
5	fter be Stat	MEDICAL		(State)
OR ATTENDING	CTOR: A should vith the		21. I certify that (I) (this hospital) attended the deceased from 7/16, to 7/26, that saw the deceased alive on 7/24 1966, and that death occurred at 7.4 M, from the causes and on the date state of the causes are considered at 22b. DATE SIGNATURE 12b. DATE SIGNATURE	tated above.
PITAL OR	ERAL DIRE TOTAL DIRE T		22c. PHYSICIAN'S NAME (Type) M.O. ATTENDING MED. STAFF DIRECTOR PHYS. 7/28/66	
TO HOSPITAL	To FUNERAL director, pa	23	Burial 7/29/66 Christ Church Cemetery Prince Frederick Mc	(State)
	R A15 (4)		Bever Ley E. Hopping January E. Hopping Date AUG 1 1986 golden for June Annapolis, Mary Land Date AUG 1 1986 golden for June Land Land Land Land Land Land Land Land	ike

A section of the sect

Es Jan

S HOSPIERS PERMISS TO FORE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09338 CERTIFICATE OF DEATH physician and campletely filled in by the funeral en please remove carban papers. Pages 1 and 2 requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY a COUNTY a. STATE Anne Arundel Maryland Anne Arundel MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corparate limits, CLENGTH OF STAY IN 16 write RURAL and give nearest town) Odenton 1 day Rural Annapolis e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d STREET ADDRESS Rt. 1 Box 410 Anne Arundel General Hospital YES NO Middle 4. DATE Month 3. NAME OF Year First DECEASED 66 July 20 Meyer Paul 19 Henry DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 8. DATE OF BIRTH S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Dovs Hours April 18, 1895 White DIVORCED WIDOWED Male 11. BIRTHPLACE (County & Stote, or fareign country) 10o. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY U.S. Tennessee and Feed coal Retired Clerk 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Bertha Meyer Jacob Meyer Address 16. SOCIAL SECURITY NO. 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war or dotes at service) 578 07 7044 Emma W Meyer Odenton. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p burial, crematic ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) pulmonary Edema, Acute by Coronary Arteriosclerosis Conditions, if ony, which gove not known rise ta immediate cause (o), 15 yrs. DUE TO Diabetes Mellitus stoting the underlying cause as the by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION NO far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 2Da. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 2Dc. TIME OF INJURY Month, Doy, Yeor factory, street, affice bldg., etc.) Nat While shauld be 21. I certify that (I) (this haspital) attended the deceased from July 19, 1966, to July 20, 1966, that (I) (we) last saw the deceased alive an July 20, 1966, and that death accurred at M, fram causes and an the date stated above. be retained 220. SIGNATURE 7-20-66 ATTENDING X X PHYS. Morning M.D. DIRECTOR director, page 3 shauld be filed v 22d. ADDRESS 22c. PHYSICIAN'S P.O.Box 627, Severna Park, Md. NAME (Type) Francis I. Codd M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23o. BURIAL, CREMATION, 23b. DATE THEREOF BENGWAL (Spacify) Trinity Church Cemetery July 23, 1966 Bowie, Md. 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Charley Judge 1966

09334 Potraina emma Zi clean and Car are first Let helitable tayour believe

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORD 09333 funeral hours afte 193 1. PLACE OF DEATH e. COUNTY Ann Arundel by the MARYLA b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY writa RURAL end give neerest town) Annapolis or removal, and in any event, within 72 hours after Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Ann Arundel General Hospital completely The law requires that the death certificate be executed 3. NAME OF Middle DECEASED (Type or print) M. HARVEY carbon 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED 5. SEX and Male White WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work physician Then please remove 10b. KIND OF BUSINESS OR IN done during most of working life, even if retired) Electrician PEPCC FATHER'S NAME retained by the hospital or attending physician. Patrick Mills 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unkown) | (If yes give wer or detas of sarvice) Yes Peacetime as the burial-transit permit. 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate ceusa DUE TO (a), stating the underlying PHYSICIAN: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH I CERTIFICATION use of Health prior 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OC be detached for OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED While Not While Hour e.m. at work at work p.m. director, page 3 should be d be filed with the State Dept. 21. I certify that (1) (this hospital) attended the deceased saw the deceased alive on 22e. SIGNATURE EA death. Page 4 TO HOSPITAL 22c. PHYSICIAN'S NAME (Type) CHURRIA 23c. NAME OF CEME 23e. BURIAL, CREMATION, 23b. DATE THEREOF Burial (Specify) 7-8-66 Arlington TO ADDRESS FUNERAL DIRECTOR'S SIGNATURE YR A15 (4) Funeral Home, Inc. 2847 Wils Arlington,

15M 9/60

TE	OF DEATH	STREET	, BAL	TIMOR	E 1, MA	193	35			
	2. USUAL RESIDEN	CE (Where	decees	ed lived, If	institutions	Rasidano	a before a	dmission)		
ND	a. STATE Man									
N 1b	c. CITY OR TOWN (If outside c	orporate	limits, write	e RURAL en	d give n	eerest tow	n)		
	Edgewater 02-1									
	d. STREET ADDRESS	ratei					ON	SIDENCE FARM?		
	Lest	4. DAT	E	Montl	h	Dey	Yeer			
	MILLS	OF DEA	TH	July		6,	19	66		
7 8	. DATE OF BIRTH		9. AC	E (In yeers	IF UNDER		IF UNDER			
3	June 11, 190	01		55 yrs.	Months	Deys	Hours	Min.		
DUSTR	Y 11. BIRTHPLACE (Cour	nty & Stete,	or forei	gn country)	12. CI	TIZEN OF	WHAT	OUNTRY?		
	Washi	ngtor	1, D	. C.	100	US	A			
	14. MOTHER'S MAIDEN	NAME		_						
	Carrie	Neitz	ev							
17. X	NFORMANT		-1	Address		-				
	ma V. Mills	Turk	017 1			tazat	er N	/Id		
ive	volial infor	eli-				ON	ERVAL BET SET AND I	WEEN		
	tiny dener					y	len			
	1					1				
UT NO	T RELATED TO THE TERMI	NAL DISEA	SE CON	DITION GIV	EN IN PAR	T 1(a) (19	, WAS A	UTOPSY		
	mellelis						PERFO	RMED?		
		D. 11 D.	. 11 . 6 11	10.1		Y	ES [NO A		
CUKED	. (Enter neture of injury in	rant I or ra	n II or II	em 10.)						
le. PLA fect	CE OF INJURY (Home, farm ory, street, office bldg., etc	n, 20f. (City or t	own)	(Co	unty)		(Stete)		
from	death occured at	19.66,	to	?/6 e causes			nat (I) (
M	.D. PHYS.	MED. DIRECTOR	s	TAFF HYS.	7	1/6/0		DATE		
	22d. ADDRESS	Culte	esa	De,	Ann	rufol	's the			
TERY (OR CREMATORY	23d. LC	CATIO	N (City, to	wn or coun	ty)	(5)	ete)		
Na	ational Cem.		Arl	ingtor	n, Vir	gini	a			
		C'D BY REC		25b. PF	GISTRAR'S	SIGNAT	URF.			
on	D1 41	JUL		1966	GISTRAR'S	arle	, Jus	lac.		

THE RESERVE THE RESERVE THE PARTY OF THE PAR

Tetangan I

Sand I ve

yardin'i altrid

Percenting 1877 Out 1895 Ballon V. Salim Larsey Bolin Calgery Lars

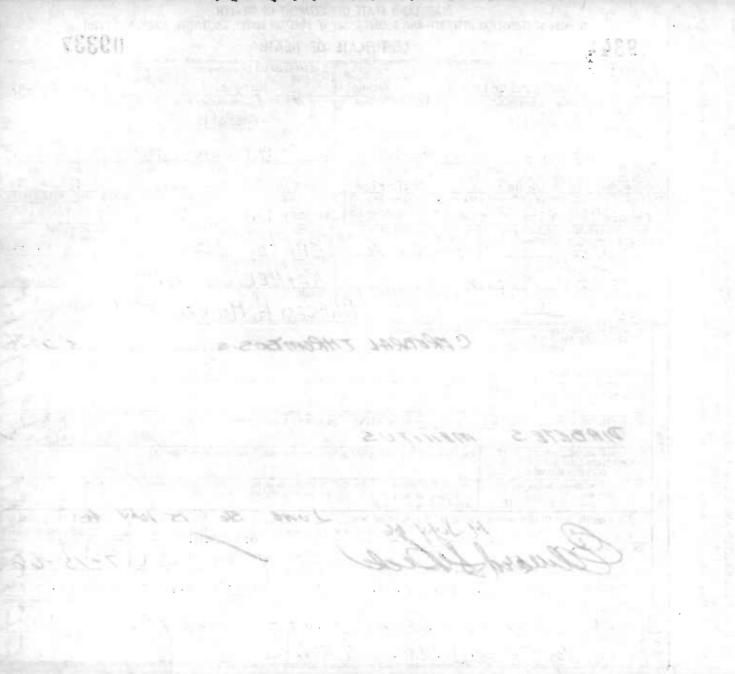
I see that the second of the s

# 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	09340 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (19336
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission a. STATE b. COUNTY
o the funeral o the funeral e 5 may be Department after death.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
S age	d. NAME OF HOSPITAD OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO DESCRIPTION OF THE PROPERTY OF THE PROPERT
M3. And the ST2 h	3. NAME OF DECEASED (Type or print) DeceaseD (
生气点 连接	5. SEX COLOR OR BACE 7. MARKIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HI Hours Mir Hours Mir Mir
Is after death. 18. Give Pages elong with form ges and 2 w any event with	10a. ISUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR III. DIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT GOUNTRY 13. DIRTHPLACE (State or foreign country)
SE TO BE LE	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address Address
	(Yes, The or unknown) (If yes give war or dates of service)
uted wire pe Examir nsit per	18. CAUSE OF DEATH [Enter only one cause per line (or (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY:
EXAMINER: This certificate should be executed within so certificate, writing the word "pending" in pencil invold be forwarded to the Chief Medical Examiner's les. R. Page 3 should be used as a burial-transit permit. signated agent, prior to burial, cremation, or remova	Conditions, if any, which gave rise to immediate DUE TO
chief Chief Chief I	cause (a), stating the DUE TO underlying cause last. (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
ficate sho the wor o the Chi used as to burial	Performed? Yes No
R: This certificate, writing forwarded to 3 should be agent, prior	
CML EXAMINER: This certificate should be exet the certificate, writing the word "pendin 4 should be forwarded to the Chief Medical ur files. ECTOR: Page 3 should be used as a burial-tredesignated agent, prior to burial, cremation	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 226. PLACE OF INJURY (Mone, farm, Hour a.m. 7 While at work
Chr. Examiner the certificate of should be should be so that the certificate of should be so that the should be so that the certificate of should be so that the certificate of should be	21. I certify that took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opini death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
Page 4 so I for your AL DIRECT AL DIRECT AL DIRECT AL OF A SO I for your AL DIRECT AL	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DITTE SIGNE
正。こっ居臣 人	EXAMINER'S NAME (Type) 238. BURIAL, CREMATION, 23b. DATE THEREOF 25c. Name of Cemetery or Crematory 23d. Location (City, town or county) (State)
TO DEPU please directo retaine TO FUNE	Best Sale Company 250. Date Thereof State Lawn Best Sale Company 24. Fune Lawn Best Sale Company 24. Funegal Director 25b. Registrate 25b. Reg
VR A15ME 3500 4-64	Dilliam Leese, P. DATE JUL 5 1966 yellen Judge

DECEMBER OF THE PROPERTY OF TH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09341 CERTIFICATE OF DEATH death. be executed within 24 haurs after death campletely filled in by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Annapolis Annapolis e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Anne Arundel General Hospital 17 Thompson Street YES 🗌 NO 3. NAME OF First Lost 4. DATE Month Doy Year DECEASED 19 Katherine MOORE July (Type or print) Anna DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** lost birthdoy) Months January 19,1892 White WIDOWED DIVORCED Female 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 10b. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? please during most of working life, even if retired) JNDUSTRY U. S. requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME e attending phys INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, osunknown) (If yes give wor or dotes of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ransit PART I. DEATH WAS CAUSED BY EKEBRAL THROWBOSIS signed by 1 burial-trans IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? CERTIFICATION MEILITUS YES NO by the haspital ar far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Yeor foctory, street, office bldg., etc.) Not While 1956 , ta 21. I certify that (I) (this haspital) attended the deceased fram___ JUNE 19 66 that (I) (we) last July 1966, and that death accurred et saw the deceased alive an fram causes and an the date stated above. 220. SICHATURE 22b. DATE SIGNED PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 73 Franklin St., Annapolis, Md. NAME (Type) Fdward Beck M. D. directar, shauld b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, (County) (Stote) FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09342 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 and 2 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. STATE b. COUNTY o. County Arundel Baltimore City MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town C. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, Write RURAL and give negrest town) Baltimore ban papers. within 72 ha e. IS RESIDENCE ON A FARM? and campletely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Crownwville State Hospital NO X YES | 1039 11. Favette St 4. DATE pau 3. NAME OF First Middle Lost Doy Year DECEASED 66 (Type or print) 3-#11788 Morris George 19 DEATH car 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remave birthdoy) Doys Hours 1886 Negro and in any Male WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR lease during most of working life, even if retired)
Salesman COUNTRY? A. INDUSTRY physician Maryland permit Then ple permit Then ple lian, or removal, c 14. MOTHER'S MAIDEN NAME. 13. FATHER'S NAME George Morris Unknown 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Unknown Hospital Records crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit burial, cremati ONSET AND DEATH Chronic Brain Syndrome Associated with IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician C.N.S. Syphilis Conditions, if ony, which gove rise to immediate couse (o). DUF TO far use as the l f Health priar ta b stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS)
PERFORMED? CERTIFICATION NO X YES T PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [detached for OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) -at-work pe , and that death accurred at 9 21. I certify that (I) (this haspital) attended the deceased from saw the deceased glive an ___, 19.66, that (I) (we) last 49. ta A. M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a. / SIGNATURE 7/12/66 X K DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S directar, pa shauld be f Reissmann, M.Q. Crownsville State Hospital, Maryland Hildegard Heard NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23do LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) wick 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR VR A15 (4) Marley 1966 20 M 1/66

THE AND DESCRIPTION OF THE DESCRIPTION OF A SECURITY OF A F. 8 1

Sec.	ac.	
-		
6		-

			Antifur Strik
	90 mg/ law		si liveno
		ied it eur	Bridge Efficiency
	X 25 4		7 10 10 10 10 10 10 10 10 10 10 10 10 10
b b a			
	material Control		
			The State of the S
	Allering on the right	ehdu i nige	
			and the same
-		- MANUAL - NA.	Section have ment and
	and the street of the state of		Self-ti line in the line in th
	K mas K		
	contillence of a d	, and	
med a			

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. and a PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY bon papers. Pages 1 stylin 72 hours after of Anne Arunde] Md. Balto. MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH CF STAY IN 1b Owings Mills Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? North Arundel Hospital Garrison Forest Road NO YES and completely fi remove carbon pa any event, within within NAME OF DATE Month Year 3. First Last Day Middle DECEASED Sr. (Type or print) George H. Myers DEATH July 19 66 executed 6. COLOR OR RACE | 7. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 5. SEX NEVER MARRIED last birthday) Months Davs Male White Feb. 16, 1886 WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR physician a please reveal, and in 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

Retired Plumber COUNTRY? death certificate be INDUSTRY Balto. Co. Md. USA MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Myers Kate Robinson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. I Address (Yes, no. or unkown) | (If yes give war or dates of service) ed by the att transit perm cremation, No 216-03-8682 Mr. George H. Myers Jr. Owings Mills. Md. INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] law requires that the ONSET AND DEATH been signed by t the burial-transit or to burial, crema PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. has 35 CERTIFICATION WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health certificate thed for use ot. of Health PERFORMED? NO S YES 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. Not While After at work at work retained D 21. I certify that (I) (this hospital) attended the deceased from_ DIRECTOR: age 3 should led with the and that death occurred at 12207 M, from the causes and on the date stated above. 1 1920. saw the deceased alive on DATE SIGNED SIGNATURE 22b. 22a. filed M.D. PHYS. DIRECTOR PHYS O HOSPITAL 22d. ADDRESS PHYSICIAN'S director, p 22c. NAME (Type) 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town of county) (State) BURIAL, CREMATION. Burial (Specify) 0 166 Carroll Chapel Luterville. Md. 25b. REGISTRAR'S SIGNATURE ADDRESS REC'D BY REGISTRAR FUNERAL DIRECTOR J. F. Eline & Sons Reisterstown, Md. VR A15 (4) DATE 20M 1/65

alar stiff alar

John Names

- book learn't do bring to

olli in in

. Di .ou .aslan it

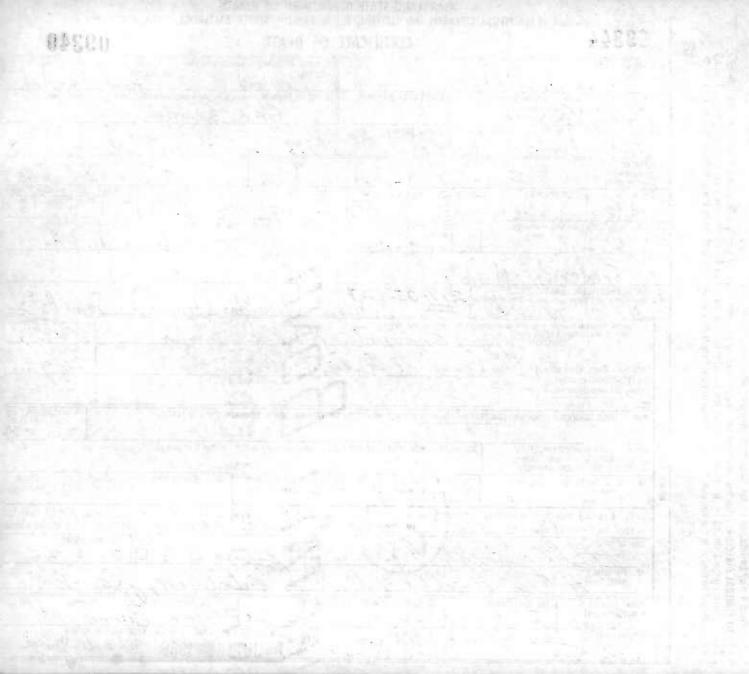
and the state of t

normalden sets and the set of the model of the set of t

214-03-14 2 A St. Corres H. Drick et. ing Elley Cl.

the Billian is Some Latherte body. Id.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09344 CERTIFICATE OF DEATH CV death. be executed within 24 hours after death ond 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) completely filled in by the funeral love corbon popers. Pages 1 and PLACE OF DEATH o. COUNTY MARYLAND Hone b. CITY OR TOWN (If autside corporate limits, write FURAL and give mearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town Burnle e. IS RESIDENCE ON A FARM? d. SJREET ADDRES d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) within 72 YES | NO X NAME OF Middle DATE Day kion and completely feose remove corbon First DECEASED DEATH (Type or print) DATE OF BIRTH AGE (In years IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) last_ Manths Days Haurs WIDOWED DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of wark dane 11. BIRTHPLACE (County & State, or foreign country) COUNTRY 2 during most of working life, even if retired) timake requires that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME phy Edelia INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, agrunknawn) (If yes give war or dotes af Cervice) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-tronsit p ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO Por 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) , 1966, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased fram_ 22 _, 1866, to 7-4 1966 and that death accurred at 430 A-M, from causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 22o. SIGNATURE ATTENDING director, poy M.D. PHYS DIRECTOR PHYS. 22d. ADDRES 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF REMETERY OR CREMATORY 23d. LOCATION (City or (County) (State) 23o. BURIAL, CREMATION REMOVAP (Specify) 5/en/ 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR FUNERAL DIRECTOR Marley DATE



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	" IAI		09345		CERTIFICAT	E OF DEATH		09341
eath	ician and campletely filled in by the funeral lease remove carban papers. Pages 1 tand 2 and in any event, within 72 hours after death		PLACE OF DEATH				Where deceased lived, if institution	
, O.,	l'a		Anne A	rundel	MARYLAND	o. STATE Marv	b. COUNTY	Anne Arundel
afte	ges offi		o. CITY OR TOWN (If outside co	orporote limits,	c. LENGTH OF STAY IN 1b		tside corporote limits, write RURAI	ond give neorest town)
urs	Pa Pa Surs		or T Gaento		15 days	Odent	on.	02-1
P P	in ers. 72 h		. NAME OF HOSPITAL OR INSTI	TUTION (If not in he	spital, give street oddress)	d. STREET ADDRESS		Md. e. IS RESIDENCE ON A FARM?
n 2	Page 25		Kimbrough Ar	my Hospit	al	1189 Hamm	ond Lane, Oden	ton, YES NO
vithi	with	3.	NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Doy Year
> p	cark cark		Type or print) MIII.	LAGE	CECIL	NOLEN	DEATH TITE	15 19 66 IF UNDER 1 YEAR IF UNDER 24 HRS.
cute	amb eve	S.			ARRIED NEVER MARRIED	8. DATE OF BIRTH	last birthdoy)	Months Doys Hours Min.
exe	o pu any	10	M Car	U.	OOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED	4 May 1918	& Stote, or foreign country)	12, CITIZEN OF WHAT
pe	d in	duri	USUAL OCCUPATION (Give kind ng most of working life, even if etired US Arm	of work done retired)	Debtstrof Defense			COHNTRY?
ate	ician olease and i	12	etired US Arm	У		Vienna, I		USA
ij				V-7		Anna Mae	The C	
e	in The P	15	illage Cecil : WAS DECEASED EVER IN U.S. AR	WED EUBCE 25	T 16 SOCIAL SECURITY NO. 1 17	INFORMANT	Address	13
eat	attendi permit. an, ar r	(Ye	s, no, or unknown) (If yes give	wor or dotes of service	e) 575-18-8000 17.	David B. N	lolen	
b ed	pnysician. signed by the attend burial-transit permit. burial, crematian, ar i		Yes W-W-		line for (a) (b) and (c))	David D. I	107611	INTERVAL BETWEEN
±	the mati		PART I. DEATH WAS CAL	JSED BY: EDIATE CAUSE (a)	Acute Myocardia	Infarction		2 Weeks
€ !	tral		4201	DUE TO			by the second	
uire	pnysicion. signed by the burial-transit burial, cremat		Conditions, if ony, which gov		Arteriosclerotic	Heart Disea	ise	3 yrs
req	o bu		rise to immediate couse (o stating the underlying cous					
No.	been s the iar ta		last.	(c)				Tue was average
e e	has has se a: th pr	NO.	PART II. OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
ä	or use la	CERTIFICATION			AND DESCRIPT HOW IN HIS OF COURT	(r	D 4 1	YES NO
CA	aspiral ar certificate thed far unot. af Healt	ERTIF	2Do. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE O	F DEATH	20b. DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in I	rort I or Port II of Item 18.)	
IYSI	cer chec pt. c	AL C	(IF EITHER, NOTIFY MEDICAL EX		20d. INJURY OCCURRED 20e. PI	ACE OF INJURY (Home, form	, 20f. (City or town)	(County) (Stote)
<u>a</u>	this let deta	MEDICAL	20c. TIME OF INJURY Month Hour o.m.		While Not While fo	octory, street, office bldg., etc.)		(5,010)
N.	ffer be state		p.m.	19 1) (this bosnital)	ot work ot work attended the deceased from_	30 June 1	9 66 to 15 Jul	, 19 <u>66</u> , that (I) (we) lo
S	R: A		saw the deceased	alive on 15	Jul 1966, and the	ot deoth occurred of	215A M, from couses or	nd on the dote stoted obov
A E	Shark H		22o. SIGNATURE	00 0 1	11.17		MED. STAFF	22b. DATE SIGNED
O.K	e 3 ke 3		Koale	1 4.14	eleon !	1111101	DIRECTOR PHYS.	15 Jul 66
AL	Ppog Ppog e file		22c. PHYSICIAN'S NAME (Type) ROA	TD A MET	SON, CMAT, MC	22d. ADDRESS		
SPII	d b	-				D CREWTORY	L mail togration (C)) (C-1) (C-1)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.	rage 4 may be retained by the haspiral of ottenaing TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be defached far use as the shauld be filed with the State Dept. af Health priar ta	230	DEMOVAL (Conside)	23b. DATE THEREOF	23c. NAME OF CEMETERY O		23d. LOCATION (City or Town	
2	5 b .	2/	FUNERAL DIRECTOR	July 19,1	Single Fune	National		STRAR'S SIGNATURE
	VR A15 (4) 20 M 1/66	R	Vo Stenste	to	Glen Burnie, M		UL 18 1966	Charles Judge
	20 111 1700		1 000	~	Gren Darnie, 1,	DAIL DAIL	/	-0-0

		* <u>*</u>	
februal omat.	has Ferral		Lobert sens
254	con timber	15 days	100-120-10
-r (* . *	1189 have and lane.		Ignol seed described
Ty The		115.00	date(
	The Free well a.		
	abgatest come?	annelsa la laci	bed to best
	Among the distance		nufer from e allima
	nerol fivel	CECC as For W.	
	Linferetton	al branco Migorian	mental and the second
ero C	managil Awari a	k.toneEopo.km-tsk	
Inf.	J. Add purk CE.		Fire the property of the party
	- Anything	5 1 6	M A GUART THE
almieste , zav.			Car Arms (a) this and a

funeral papers. Pages in 72 hours aff completely and con requires that the death ettending I Then please ova 0 P signed has been signed he burial-transit certifi or 2 is of the 0 death. Page 4 HOSPITAL filed \ -0 0

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased livad, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if dutside corporate limits, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) Much d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO -3. NAME OF First 4. DATE Middle Last DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or loreign 12. CITIZEN OF WHAT COUNTRY? 11. country dona during most of working life, even if retired) Mone 13. FATHER'S NAME 14. MOTHER'S MAIDEN MANA 15. WAS DECEASED EVER IN U.S. ARMED FORCES INFORMANT (Yas, no, gr,unkown) | (Ifyes give war or dates of sarvice) Lo 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVALETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to immediate cause DUE TO (a), stating the underlying causa last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? NO F YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, straat, offica bldg._etc. Hour a.m. Whila Not While at work at work 21. I certify than (1) (this hospital) attended the deceased from 196.6, that (I) (we) last saw the deceased 22b. DATE 22a. SIGNATURE ATTENDING MED. SIGNED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN' NAME (Type) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. ATION (City, town or county) (State) REMOVAL (Specify EUNERAL DIRECTOR'S SIGNAPOR D BY REGISTRAR REGISTRAR'S SIGNATURE ADDRESS/ VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09348 09347 requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carporote limits, write RURAL and give neorest town) 32minutes Lothian RURAL e. IS RESIDENCE ON A FARM? attending physician and campletely filled in permit. Then please remave carban papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS within 72 Box 54 Sand's Rd. YES NO Anne Arundel General Hospital 3. NAME OF Middle 4. DATE Last Manth Day Year DECEASED John July 66 Wesley Owens 19 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years last birthdoy) S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH Months Davs Hours Male Negro WIDOWED DIVORCED 10 July 1884 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind af wark dane during most af warking life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign country) COUNTRYS A. **INDUSTRY** Maryland Farmer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Matilda Langford Wilson Ownen 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknawn) (If yes give wor or dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Box 54 Sand's Rd 220-05-8390-A Sherman Owens 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN PINSET AND DEATH IMMEDIATE CAUSE (a) Pulmonary Edema, Acute burial-transi burial, cremo signed by Conditions, if ony, which gave (b) Arteriosclerotic Cardio-vascular disease rise ta immediate cause (o). DUF TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO I TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the hospital ar far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased fram July 19, 1966, to July 19, 1966, that (I) (we) last saw the deceased alive an July 19, 1966, and that death accurred at ______M, from causes and on the date stated above. saw the deceased alive an Tiller 19 22g. SIGNATURE ATTENDING XX directar, page 3 shauld be filed v M.D. DIRECTOR 22c. PHYSICIAN'S Francis I. Codd M.D. P.O.Box 627, Severna Park, Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE THEREOF (County) (State) REMOVAL (Specify) 7-22-66 Ann Arun, Maryland Moses 256. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Marley Judg VR A15 (4) 20 M 1/66 1966

1 12880

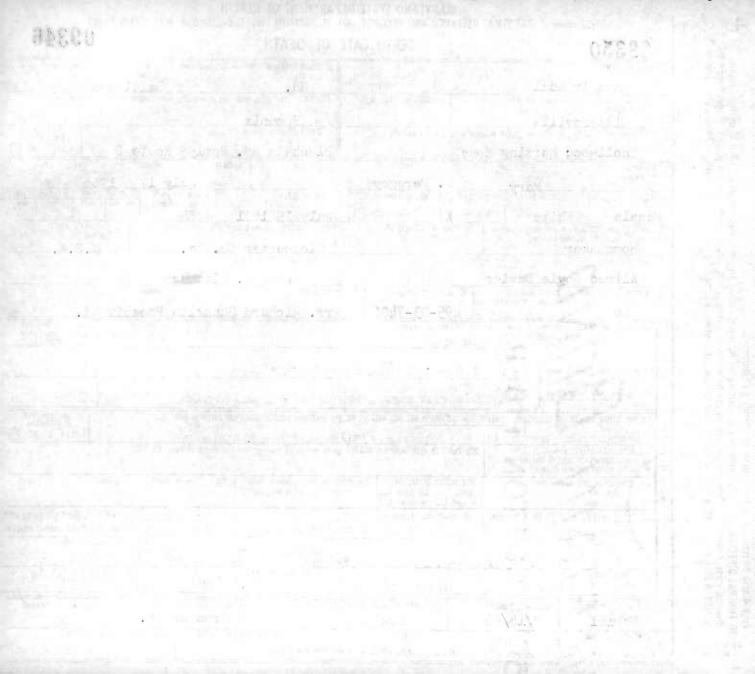
	TUT LICUS			
		801 m 5		. Transition
e a nitema			el Linnel In	
		Volume		
	who you do			e la La de la composición
100	h z nine i		- T- (c got il
	SILVE AND			

4:30

To Aller

n 11		MARYLAND STATE DEPARTMENT OF HEALTH
7	M	Olylsion of statistical research and records, 301 w. preston street, Baltimore 1, Maryland O9348. CERTIFICATE OF DEATH
death.	acu	1. PLACE OF DEATH 1 1 2. IISIIAI RESIDENCE (Where deceased lived, If Institution; Residence before admission)
r de 1 au	er de	a. STATE / 1 b. COUNTY A 1
	arter	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
urs in b	hours	write RURAL and give nearest town) Pasadena
24 ho filled papers.	17/	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	00	Wise Avery Green Haven Box430-D, Wise Aver, Green Maven YES NO X
executed within and completely remove carbon, I	t, W	3. NAME OF DECEASED (Type or print) Annie Last 4. DATE Month Day Year OF DEATH J2 1966
composition of the composition o	event,	5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
xecute and co	any	Male White WIDOWED DIVORCED Apr- 20, 1889 77 yrs. Months Days Hours Min.
	=	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Tcate b	and	Housework Own Home Charlotte, NoCarolina 4.5,A.
certificate be nding physician Then please	remova	13. FATHER'S NAME The A. Rollins 14. MOTHER'S MAIDEN NAME Obhelia Ratliff
ndin . T		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
	n, or	(Yes, no for unkown) (If yes give war or dates of service) None Mr. George W. Pease (son) 1000 - Dros Kmost Dros
the dit p	cremation,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
that the sician.	crer	IMMEDIATE CAUSE (a) Cardiac accompensation a year
	rial,	Conditions, If any, which) DUE TO Coronary arterioselenotic Least disease 2 years
requires ding phy been sig	ng o	gave rise to immediate
5.2 T	ior	underlying cause last. (c)
e lave hade hade hade hade a	th p	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
V: The la tal or atl ificate h for use	Hea	The place willer - Tylar YES NO NO NEW MAN TO LOOK DESCRIPTION WILLIAM STATE OF THE PORT O
	. o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO YES NO YES NO YES NO YES NO YES NO YES
HYSI e his his	Dept	
ATTENDING PI retained by th CTOR: After the should be de	tate	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (Stete) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, stre
TTENDING trained by TOR: After	he S	21. I certify that (I) (this hospital) attended the deceased from July 2, 1963, to July 12, 1966, that (I) (we) last
OR ATTENDING be retained by IRECTOR: After	丰	saw the deceased alive on 1965, and that death occurred at 15 M, from the causes and on the date stated above
DR be r	w be	ATTENDING MED. STAFF 7 / ///
TAL May	e 1	22c. PHYSICIAN'S TO 12c. Head 1 22d. ADDRESS
TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should	d blu	NAME (Type) A.M. Mic Laugh In Pusadus, Med.
Pag O Fi	sho	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	0	17 July 15, 1966 GEN Haven Memilar K Glen Durnie, MI = 24. FUNERAL DIRECTOR, 5 - / ADDRESS / 1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4)	BA	Reservable Gren Burnit Md - DATE JUL 19 1956 Clearles Judge
15M 4-64	11	It is the second of the second

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09345 09349 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY MA o. STATE b. COUNTY ond 3 ta M3. Page af death. MARYLAND Department c. LENGTH DE STAY IN 1b (If outside corporate limits, write RURAL and give nearest town) b. CITY DR TDWN (If outside carporate limits, PM3 write RURAL ond give negot town) lo 26-111 e IS RESIDENCE d. NAME OF HDSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS haurs Office alang with farm in Item 18. Give Pages 1, ON A FARM? 8012. Wash North. ARUNDEL -NO K 3 NAME OF with the Stowithin 72 h Middle Lost 4 DATE Doy Year DECEASED OF 196 w (Type or print) DEATH IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH Jost birthdoy) Months Hours WIDDWFD DIVORCED event 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR (State or foreign country) 12. CITIZEN DF WHAT during most of working life, even if refired) **INDUSTRY** rener d "pending" in pencil in Chief Medical Examiner's 13 FATHER'S NAME MOTHER'S MAIDEN NAM pencil be executed within John 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) or removal, Swanson 8012 West EN 18. CAUSE OF DEATH (Enter only one couse per lice, for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) This certificate should writing the ward crematian, DUF TO Conditions, if ony, which gove rise to immediate couse (o), farwarded to DUF TO stoting the underlying couse 0 burial, WAS AUTDPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION NO K the certificate. pe 20o. EXTERNAL CAUSE WAS PRIMARY OF GONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injusy in Part I ar Park II of item. 18.) agent, priar **EXAMINER:** CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While While may be retained far yaur FUNERAL DIRECTOR: Page 19 ot work designated 21. I certify that L took charge of the remains described above, held an Autapsy [Inspection Inquiry ond in my apinion directar. death resulted Natural causes Accident [Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** funeral TO DEPUTY 5 may be r TO FUNERAL Health or i necessary, DEPUTY MEDICAL EXAMINER **EXAMINER'S** 7-6-66 NAME (Type) Address (Street, city, town, or county) the 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Sperity) 250. REC'D BY REGISTRAR 2Sb. REGISTRAP'S SIGNATURE FUNERAL DIRECTOR ianles 1966 VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09351 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. death and campletely filled in by the funeral remove carban papers. Pages 1 and in any event, within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY Anne Arundel o. STATE Maryland b. COUNTY Baltimore City MARYLAND c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits. c. LENGTHLOF STAY IN 1b write RURAL and give negrest town)
Crownsville Baltimore days d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 06 Crownsville State Hospital 2121 Guilford Avenue YES NO X the attending physician was carban as nermit. Then please remove carban with 3. NAME OF Middle Peten 4 DATE First John DECEASED (Type or print) 1966 3-#24442 Charles DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR I IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) WIDOWEDS Manths Haurs Male Negro Feb. 9, 1928 DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY ____ COUNTRY? N.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DAO Hattie Morgan Joe Peten 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unknown) (If yes give wor or dates af service) 244-36-8397 Hospital Records 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Peritoneal Carcinomatosis IMMEDIATE CAUSE (o) TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Adenocarcinoma of Colon Conditions, if any, which gave rise to immediate couse (a), DUF TO stating the underlying couse as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) YES X NO F for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) Hour a.m. Not While factory, street, affice bldg., etc.) , 1962 , ta 7718 , 19 66, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 11/11 66, and that death accurred at M. fram causes and an the date stated above. saw the deceased alive on_ 22b. DATE SIGNED 7/18/66 22o. SIGNATURE X DIRECTOR M.D. PHYS. r, page be filed 22d. ADDRESS 22c. PHYSICIAN'S M. D. Benedict NAME (Type) director, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Arbutus Mem 132 Ho. Mad Rurial 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 928 E. North Ave VR A15 (4) 20 M 1/66 WM MARCH DATE

· · · · · · · · · · · · · · · · · · ·		i kata
		4200
	a contra succession of the suc	
		La de la
		C. SANGER
		TO ST.
		FILE ROLL
	special feet moon is a Voy 3-45-45-	
	report the survey of the	
		- ALASSANIA
		A THE STATE OF
72.VB		
	The second secon	
	2516	

Male White WIDOWED DIVORCED 2-10-04 62 yrs. No. or unknown) [(If yes give wor or dotes of service)] Male White WIDOWED DIVORCED 2-10-04 62 yrs. No. or Unknown of Male Divorced 2-10-04 62 yrs. No. or Unknown of Male Divorced 2-10-04 62 yrs. No. or Unknown or Male Divorc	Anne Arunde1 ond give neorest town) e. IS RESIDENCE ON A FARM? YES NO Doy Year
Anne Arundel b. CITY OR TOWN (If outside corporate limits, write RURAL Glen Burnie) c. CENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL Glen Burnie) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) North Arundel Hospital 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE MIDDISTRY Male White WIDOWED DIVORCED DIVOR	Anne Arunde1 ond give neorest town) e. IS RESIDENCE ON A FARM? YES NO No No
Write RURAL and give necrest town) Glen Burnie d. NAME OF Burnie d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) North Arundel Hospital 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE Male White WIDOWED DIVORCED D	e. IS RESIDENCE ON A FARM? YES NO Doy Year 13 19 66 FUNDER 1 YEAR IF UNDER 24 HRS. Anonths Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY?
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) North Arundel Hospital 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE Month Male White WIDOWED 100. USUAL OCCUPATION (Give kind of work done during may sot of working life, even if retired) 13. FATHER'S NAME GEO. L. Price 14. NARRIED 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. David Price Madress David Price Address David Price	VES NO DOY YEAR 13 19 66 FUNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY?
North Arundel Hospital Long Point on Magothy	VES NO DOY YEAR 13 19 66 FUNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY?
3. NAME OF DECEASED (Type or print) DAVID SHAW PRICE OF DEATH July S. SEX 6. COLOR OR RACE White WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED 100. USUAL OCCUPATION (Give kind of work done during-most of working life, even if retired) OTEMEN 13. FATHER'S NAME GEO. L. Price 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT INFOR	VES NO DOY YEAR 13 19 66 FUNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY?
DECEASED (Type or print) DAVID SHAW PRICE OF DEATH July	y 13 19 66 FUNDER 1 YEAR IF UNDER 24 HRS. Anonths Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY?
Male White WIDOWED DIVORCED 2-10-04 62 yrs. 100. USUAI OCCUPATION (Give kind of work done during most of working life, even if retired) 100. KIND OF BUSINESS OR II. BIRTHPLACE (Stote or foreign country) 100. KIND OF BUSINESS OR III. BIRTHPLACE (Stote or foreign country) 100. KIND OF BUSINESS OR III. BIRTHPLACE (Stote or foreign country) 100. KIND OF BUSINESS OR III. BIRTHPLACE (Stote or foreign country) 110. KIND OF BUSINESS OR III. BIRTHPLACE (Stote or foreign country) 111. BIRTHPLACE (Stote or foreign country) 112. MOTHER'S MAIDEN NAME 113. FATHER'S NAME 114. MOTHER'S MAIDEN NAME 115. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Iff yes give wor or dotes of service) 116. SOCIAL SECURITY NO. IV. INFORMANT 117. INFORMANT 118. BIRTHPLACE (Stote or foreign country) 119. BIRTHPLACE (Stote or foreign country) 110. KIND OF BUSINESS OR III. BIRTHPLACE (Stote or foreign country) 110. KIND OF BUSINESS OR III. BIRTHPLACE (Stote or foreign country) 110. KIND OF BUSINESS OR III. BIRTHPLACE (Stote or foreign country) 110. KIND OF BUSINESS OR III. BIRTHPLACE (Stote or foreign country) 113. MOTHER'S MAIDEN NAME III. MOTHER'S MAIDEN NAME III. MOTHER'S MAIDEN NAME III. BIRTHPLACE (Stote or foreign country) 117. INFORMANT III. BIRTHPLACE (Stote or foreign country) 118. BIRTHPLACE (Stote or foreign country)	Aonths Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY?
100. USUAL OCCUPATION (Give kind of work done during-most of working lite, even if retired) 100. KIND OF BUSINESS OR II. BIRTHPLACE (Stote or foreign country) 100. KIND OF BUSINESS OR II. BIRTHPLACE (Stote or foreign country) 100. KIND OF BUSINESS OR II. BIRTHPLACE (Stote or foreign country) 100. KIND OF BUSINESS OR II. BIRTHPLACE (Stote or foreign country) 100. KIND OF BUSINESS OR II. BIRTHPLACE (Stote or foreign country) 100. KIND OF BUSINESS OR II. BIRTHPLACE (Stote or foreign country) 100. KIND OF BUSINESS OR II. BIRTHPLACE (Stote or foreign country) 100. MOLONIA	12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) 13. FATHER'S NAME Geo. L. Price 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes give wor or dotes of service)] 16. SOCIAL SECURITY NO. [17. INFORMANT] In procedure in the second of the second of service [18. Social security no. [19. Informant] 16. SOCIAL SECURITY NO. [19. Informant] In procedure in the second of the second of service [19. Informant] In procedure in the second of the second of service [19. Informant] In procedure in the second of th	COUNTRY?
13. FATHER'S NAME Geo. L. Price 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(if yes give wor or dotes of service)] 16. SOCIAL SECURITY NO. 17. INFORMANT In the control of the social security in the social security	USA
Geo. L. Price Minnie Chason	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT INFORMANT David Price	
(Yes, no, or unknown) (If yes give wor or dotes of service)	
216-01-1283 938 St. Agnes Lan	ρ
18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Hypertensive and arteriosclerotic cardi	O - ONSET AND DEATH
(anditions if any which cave) vascular disease.	
rise to immediate cause (a)	
stoting the underlying couse last.	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUT	PERFORMED? YES NO
20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Hour o.m. 20f. (City or town) While Not While foctory, street, office bldg., etc.)	(County) (Stote)
p.m. 17 of work — of work —	
21. I certify that I took charge of the remains described above, held on Autopsy X, Inspection , Inquiry	
deoth resulted from: Noturol couses , Accident , Suicide , Homicide , Undetermined mon	ner
ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER AD ASSISTANT MEDICAL EXAMINER AD ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
SIGNATURE	7/14/66
NAME (Type) Charles S. Petty, M.D. Address (Street, city, town, or county)	7/14/00
230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
Buriol (-10-00 Wew Cathedrel Balton	TDAD'S SIGNATURE
	TRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09349 CERTIFICATE OF DEATH 09353 requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY a. STATE b. COUNTY Anne Arundel Anne Arundel Maryland MARYLAND c. CITY OR TOWN (If autside corparote limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Annapolis Life Annapolis Life
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 119 Chester Ave.. Anne Arundel General Hospital YES NO X 3. NAME OF Middle 4. DATE First Year DECEASED RAWLINGS, Sr. Clifton Edward 19 66 July (Type ar print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH last birthday) Months Days Hours Nov. 3, 1893 DIVORCED White WIDOWED Male 10o. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign country) COUNTRY? INDUSTRY signed by the attending physician burial-transit permit. Then please Seafood Anne Arundel. Maryland Waterman 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME WAS DECLASED EVER IN U.S. ARMED FORCES? INFÓRMAN1 (Yes, na, or pakeown) (If yes give war ar dates of service #2 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: ONSEL AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise ta immediate cause (a), DUF TO stoting the underlying couse the TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) lism NO XX for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (County) Haur o.m. factory, street, office bldg., etc.) Nat While at wark ot wark 19 66 to July 12, 19 66, that (I) (West last July 8 21. I certify that (1) (thischespital) attended the deceased fram. director, page 3 shauld should be filed with the saw-the deceased alive an July 12, 1966, and that death accurred at M, fram causes and an the date stated above 22b. DATE SIGNED 22a SIGNATURE Ocus / VERKOUW)MD 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Peter F. Verkouw, M.D. 1407 Forest Drive, Annapolis, Md. 23d. LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 2Sb REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR AUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66 Marley Judg 1966

	bus ox		
		91.83	Aliciano.
	.Ovi relation VLI		Largery Labour ve
do 12		N= 9	ordinal
	W. 5 24.		5020
		0	ar note
		to the label at	
JOH = 03 32			
	BUTTE AND THE	0 (0)	

VR A15 (4) 15M 4-64

1 Culrice Houselage attengabeter aid Waruler Dun 44500THRATE AUGKOE ALBERTL ANDERSON- NO

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09355 FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY A. o. STATE b. COUNTY delay is and 3 to A3. Poge 40 MARYLAND partment b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) puo write RURAL and sive negrest town) UKIVI d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office olong with form hours MAK RUNDEL in Item 18. Give Pages YES NO NAME OF DATE Month Day Year DECEASED OF DEATH CARA 19 (Type or print) Į. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS last birthday) Manths Days Hours 12-8-8 WIDOWED DIVORCED 24 hours ond 2 event 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) Tailoring COUNTRY? dny Clerk poges in any 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within Unknown Ream Unknown Unknown puo 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address removal (Yes, na, ar unknown) I(If yes give war ar dates of service) Chester F. Ream Jr. No 409 Marley Station Rd. 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), INTERVAL BETWEEN burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY 0 IMMEDIATE CAUSE (a) This certificate should writing the word cremation, DUE TO Conditions, if any, which gave rise to immediate couse (a). DUF TO stating the underlying cause 0 SD WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) the certificate. ogent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) should PRIMARY [] or CONTRIBUTING [] EXAMINER: CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (State) Haur a.m. factory, street, office bldg., etc.) Nat While FUNERAL DIRECTOR: Poge 19 ot wark at work designated JO. 21. I certify that I took charge of the remains described above, held an Autapsy Inspection -Inquiryond in my opinion death resulted from Natural causes Accident Suicide Hamicide | Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER 0 EXAMINER'S Heolth NAME (Type) Address (Street, city, town, ar county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 0 26 1966 Glen Burnie, A. A. Co. Md. Glen Haven 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Marley 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09356 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. and death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH and completely filled in by the funeral remave carbon papers. Pages 1 and o. COUNTY o. STATE b. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) 2 days Fairhaven Annapolis e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Anne Arundel General Hospital YES NO X 3. NAME OF Middle Lost 4. DATE Month Year DECEASED 19 66 Caroline REAM Eva July DEATH (Type or print) IF UNDER 1 YEAR AGE (In veors S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** birthdoy) Months Female White WIDOWED DIVORCED Aug. 5, 1892 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) v the attending physician ar nsit permit. Then please r emation, ar removal, and in Pennsylvania 13 FATHER'S NAME Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no rounknown) (If yes give wor or dotes of service signed by the atter burial-transit perm burial, crematian, a INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c):)
PART I. DEATH WAS CAUSED BY: ONSET, AND DEATH IMMEDIATE CAUSE (o' DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse be retained by the hospital ar attending as the O FUNERAL DIRECTOR: After this certificate has been lost. 19. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PHYSICIAN: The NO. 20o. ACCIDENT WAS UNDERLYING . 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Hour o.m. Not While TO HOSPITAL OR ATTENDING Page 4 may be retained by the ot work _____, 1966 , that (I) (NOC) last 21. certify that (1) (this has rital) attended the deceased fram. 19 65, to July 7 Mine directar, page 3 shauld shauld be filed with the 19 66, and that death accurred at_ M, fram causes and an the date stated above saw the deceased alive an_ 22b DATE SIGNED 220. SIGNATURE M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 121 Cathedral St., Annapolis, Md. NAME (Type) (Stote) 23d- LOCATION (City of Town) 23o. BURIAL CREMATION DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) SEMOVAL (Specify) Pam emetery eams 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** 250. REC'D BY REGISTRAR VR A15 (4) 1966 20 M 1/66

SGERO TELEGRAPHE factors and the final state of the state of description solve and an armonic solve and an armonic solve and ar · temples to the contract of t

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. death. tian and completely filled in by the funeral ease remave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Anne Arundel o. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) 15 vrs Washington, D. C d NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS within 72 YES NO V 1222 CAnal St. Children's Center Hospital 3. NAME OF Middle DATE Manth Doy Year DECEASED July 1966 Reed (Type or print) Martha Jean DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEXFemale B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Davs Haurs WIDOWED DIVORCED 10/12/44 Negro 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY attending physician permit. Then please IISA Institutionalized 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marion Thomas Spriggs Warren William Reed IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, or unknown) (If yes give wor or dates af service) Children's Center Hospital, Lauel, Md. No None INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH Foreign body aspiration with asphixia (paper) IMMEDIATE CAUSE (a) ___ DUE TO Conditions, if any, which gove Rheumatic heart disease with mitral rerise to immediate couse (o). DUE TO gurgation and aortic regurgitation stating the underlying couse as the OF UNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the Mental retardation - severe PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO K 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) Page 4 may be retained by the hospital 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) factory, street, office bldg., etc.) Nat While 21. I certify that (I) (this haspital) attended the deceased fram June 22 1951 to July , 1966 , that (1) (we) last 19.66, and that death accurred at 9.05 Mmfram causes and an the date stated above saw the deceased alive an_ 22b. DATE SIGNED 22a, SIGNATURE M.D. PHYS. DIRECTOR PHYS. July 5, 1966 22c. PHYSICIAN'S Children's Center, Laurel, Maryland NAME (Type) JAMES E. BOYLAND shauld 23c NAME OF CEMETERY OR CREMATORY Children's Center 230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 7/6/66 23d. LOCATION (City or Town) Laurel, Rural (County) Ma Stote) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 966 20 M 1/66 DATE

THE R. P. PHYSIC SEC. L. and the contract the little of the contract the ion to I section in the section of the section of so the second se all revelopments and a second order of the Smileral, Jeniel, Share and Lines THE COURSE OF THE PARTY OF Manual Section p.f

to the second of the second se

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and, 2 and, 2 death. 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. county a Maryland by the financial Pages 1 urs after Anne Arundel MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b and completely filled in by remove carbon papers. Page any event, within 72 hours Linthicum Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADORESS e. IS RESIDENCE completely filled ON A FARM? Ray Manor Nursino Home 511 Shipley Road YES NO X death certificate be executed within NAME DE First Middle Last OATE Month Day Year **OECEASED** OF OEATH 19 66 REESE July 14 MARGARET (Type or print) 6. COLOR OR RACE | 7. MARRIEO AGÉ (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX DATE OF BIRTH NEVER MARRIEO last birthday) Months Oays Hours 24 June 1872 WIOOWEO X 94 White OIVORCEO [Female aftending physician a ermit. Then please re in, or removal, and in = 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Baltimore. Maryladd U.S.A. Houseworg(ret) Nwn Home 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME James Phillips Harris Harriett A. Hosmer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) 17. INFORMANT Address 442 Shipley n signed by the aft burial-transit perm burial, cremation, o um. Harrison Reese None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 1 requires that the ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) or attending physician. **OUE TO** Conditions, If any, which been gave rise to immediate as the prior to **OUE TO** cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use Health PERFORMED? certificate YES NO T the hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING F OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part || of Item 18.) detached f OR CONTRIBUTING | CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After d be d s State While Not While at work at work p.m. 19 retained P 10/23 should ith the ___, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the saw the deceased alive on M. from the causes and on the date stated above. and that death occurred at 22a. SIGNATURE DATE SIGNED 22b. page ATTENDING MED. STAFF PHYS. 15/66 X M.D. **OIRECTOR** PHYS. Page 4 may HOSPITAL director, pa AOORESS 22c. PHYSICIAN'S Professional Bldg. Severna Park, Md. M. Smith M.D. NAME (Type) Ray BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 7/18/66 Loudon Park Cemeterv Baltimore, Maryland REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ingleton Funeral Home/ Glen Burnie. Md. VR A15 (4) 20M 1/65

3				
2000				38358
SUMUETA END				
	art intoley can			
42 700				
	1 1751 and WS			
	(The state of the	sale5 nag	Certain	78/01/201
		Tanana Airi	eght.Li	
1,1	pasto can basi .	Brion -		
	January and the			

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09359 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) physician and completely filled in by the funeral en please/remove carbon popers. Pages Jand o. COUNTY Arundel b. COUNTY o. STATE MARYLAND Virginia b. CITY OR TOWN (If outside corporate limits, write RURAL and give gegrest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Crowneville Buckingham e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS within 72 Crownsville State Hospital Bockley Street YES NO [3. NAME OF 4. DATE First Middle Lost Month Doy Year DECEASED (Type or print) 3-#26556 William Rollins 12 19 66 Daniel DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED 1 NEVER MARRIED in any ev eV lost birthdoy) Months Doys Hours Male DIVORCED July 15,98 WIDOWED Negro 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) **INDUSTRY** ond Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Rollins Victoria the attending p 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Yes Hospital Records Unknown burial, cremotion, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the buriol-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Terminal Pneumonia IMMEDIATE CAUSE (o) the hospital or attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been the prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use NO X for 20o. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH of detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City or town) 20c. TIME OF INJURY Month. Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While ATTENDING be retained by 19 63 ta 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram 7/12 19 66, and that death occurred at 2:10M, fram causes and an the date stated above. saw the deceased alive and 22b. DATE SIGNED 7/12/66 220. SIGNATURE **ATTENDING** X M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Benedict. NAME (Type) M. D. Crownsville State Hospital, Maryland director, Should b 23o. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 7/27/66 U. of Md. Baltimore, Maryland Removal FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 20 M 1/66

production of the production o

A MORNING ON STREET AND A STREET OF THE STRE

Cedar Bluff

mnapo]

REGISTRAR'S SIGNATURE

1956

2Sq. REC'D BY REGISTRAR

VR A15 (4) 20 M 1/66

Buria I

Beverley E. Hopping

Hopping Funeral Home

24. FUNERAL DIRECTOR

7/8/66

P. Dat H. Mande

THE TAXABLE VALUE OF THE PARTY OF THE PARTY

POWE GEORGE C. MINIST

TOOK B HOUSE BARRIES

.

Of geal deg fit as an State and States

NEU Designam , e Moganta anoil

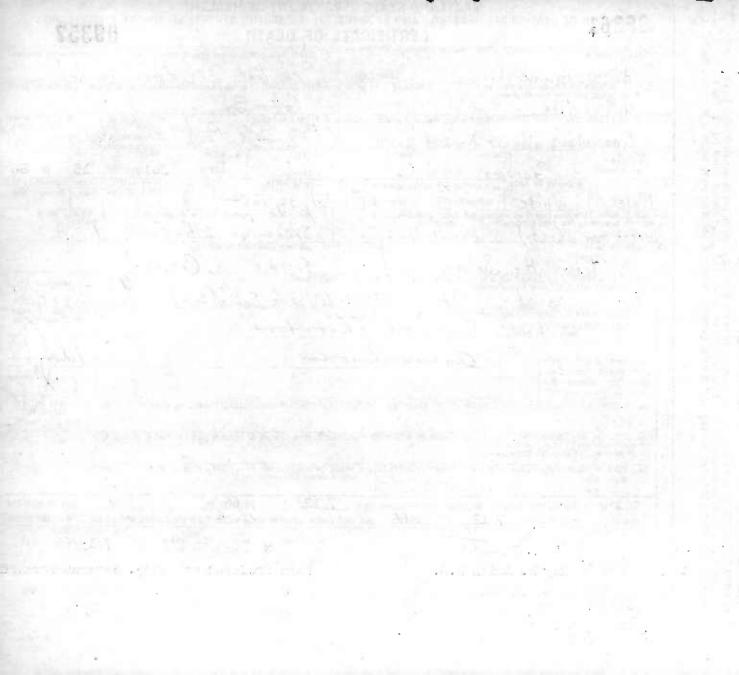
lille ich de son

No N/A NOTATION SOURCE C. NOV. (COT-B Baker 5-,

2:30

ELECON JOHNSK, SAET, MED LENGTH AAKT TAND, TE GED C MAEDE, MD

/1 (M)		MARYLAND STATE DEPARTMENT OF HEALTH Opposition of Statistical Research and Records, 301 W. Preston Street, Baltimore 1, Maryland
		CERTIFICATE OF DEATH
death.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY
		Anne Arunde Maryland Maryland Anne Arundel
d in by the		D. CITY OR TOWN (if dutside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) C. LENGTH 6F STAY IN 1b C. CITY OR TOWN (if dutside corporate limits, write RURAL and give nearest town)
Then please remove carbon papers. Pages I removal, and in any event, within 72 hours after		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS ON A FARM?
# 90		Knollwood Manor Nursing Home #826 Dale Road (Harundale) YES NO
, ,	3.	NAME OF DECEASED CONTROL CONTR
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
		Male White WIDOWED OLVORCED July 30, 1884 81 yrs.
	1Da dui	1. USUAL OCCUPATION (Give kind of work done INDUSTRY) 1. USUAL OCCUPATION (Give kind of work done INDUSTRY) 1. BIRTHPLACE (County & State, or foreign country) 1. BIRTHPLACE (County & State, or foreign country) 1. DIRTHPLACE (County & State, or foreign country)
	13	Watchman (ret.) Many facturing Dycamour, Illinois U.S.A.
		William H. Sabin Fannie A. Cottrell
	(Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. no, or unknown) (If yes give war or dates of service) 13. 2-03-1439 Me. locality of the service of service of the ser
	-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1
		PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrol thromfus ONSET AND DEATH
		Conditions, If any, which) OUE TO Carlengularons / day
		gave rise to immediate cause (a), stating the OUE TO
	Z	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19]. WAS AUTOPSY
-	CERTIFICATION	PERFORMED? YES NO
)	RTIFI	20a. ACCIDENT WAS UNDERLYING OF DEATH 20b. OESCRIBE HOW INJURY OCCURREO. (Enter nature of Injury in Part I or Part II of Item 18.)
		(IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20f. (City or town) (State) 20f. (City or town) 20f. (City or
		21. I certify that (I) (this hospital) attended the deceased from 7/12/ , 19 66, to, 19, that (I) (we) last
		saw the deceased alive on 7/12 1966, and that death occurred at 2 wm, from the causes and on the date stated above.
		M.O. PHYS. MEO. STAFF 7/15/66
		22c. PHYSICIAN'S NAME (Type) Ray M. Smith M.D. 22d. AOORESS Hahn Professional Bldg. Severna Park, Mb
	23	DEMOVAL (Snacky)
	24	Butial July 19, 1966 Delvidete Cemetery Delvidere, 211, nois
	1	RV Singleton Glan Burnie, Md- DATE JUL 18 1966 Icharles Judge



n_1 \	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 10 M	ADW.AND
2 = 2		09362 CERTIFICATE OF DEATH	350
er death. I and 2 er death.	1.	PLACE OF DEATH Anne a. GOUNTY B. GOU	esidence before admission)
rs after by the B Pages 1 urs after			and give nearest town)
hours ed in by ers. Pa	-	d. NAME OF HDSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
n 24 hc y filled papers, thin 72 h		NORTH HRUNDEL WOSP. 1358 HAR 160AD	YES NO NO
rted within completely ve carbon event, with	3.	NAME OF First Middle Last 4. DATE Month DECEASED (Type or print) ROBERT H. SANDELL DEATH JULY	Day Year 25 19 66
executed within 24 hours after and completely filled in by the fremove carbon papers. Pages 1 any event, within 72 hours after	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years IFUNDER Months) 19. AGE (IN	
be exician a ease re and in a	10 du 7	a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. C	OUNTRY?
rtificate ng phys ihen pl moval,	13		
law requires that the death certificate be executed within strending physician. has been signed by the attending physician and completely as the burial-transit permit. Then please remove carbon in prior to burial, cremation, or removal, and in any event, within the purial of the complete of the prior to burial.	1! (Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT (1) PE Address 35 ps, ng, or unkown) (If yes pive war or dates of service) 2/9-/8-9/3 HPS >100 0 8/1	8 HOURD
ne de / the sit pe natio		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
that the sician. ned by all-transal, cren		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINO MATOSIS 170 X DUE TO	
law requires that ti attending physician. has been signed by e as the burial-tran h prior to burial, cre		Conditions, If any, which gave rise to Immediate (b) ARCINOMA OF BREAST	MONTHS
aw re tendii as be as th prior	Z	underlying cause last. (c)	
The late or at cate he use ealth!	ICATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
ATTENDING PHYSICIAN: The law requires that the death certificate be exect retained by the hospital or attending physician. IECTOR: After this certificate has been signed by the attending physician and 3 should be detached for use as the burial-transit permit. Then please remowith the State Dept. of Health prior to burial, cremation, or removal, and in any	CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18. (IF EITHER, NOTIFY MEDICAL EXAMINER))
VG PHYS by the later this be detail	MEDICAL	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) at work 2 at work 2 at work 3 work 3 work 3 work 3 work 3 work 3 work 4 work 4 work 4 work 4 work 4 work 5 work 5 work 6 work 6 work 6 work 6 work 6 work 7 work	inty) (State)
ATTENDING retained by CTOR: After should be vith the Staf			that (I) (we) last
OR ATT be rett JIRECT J		22a. SIGNATURE 22b. D	ATE SIGNED
PITAL 4 may ERAL I or, pag be fill		22c. PHYSICIANS NAME (Type) ERNESTO A TOLENTINO M.D. 22d. ADDRESS NAME (Type) ERNESTO A TOLENTINO M.D. 201 Baltimore AINAPOLIS, GL	en Burnie, Ind
Page Page directs	23	REMOVAL (Specify) - 1 - 9000 13 /1 1/1 /C	inty) (State)
8	24	FUNERAL DIRECTORY Single Part of Marian 256. REGISTRAR 256. REGIST	S SIGNATURE
VR AI5 (4) 20M 1/65		· 1. Daryllon Glen Burnie, Md. DATE JUL & 1 1900	0 0

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09363 CERTIFICATE OF DEATH death. puo 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) campletely filled in by the funeral ove carbon papers. Pages 1 ond 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY requires that the death certificate be executed within 24 hours after MARYLAND autside corpgrate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c CITYOR TOWN (If CITY OR TOWN (If outside carparate limits, papers. Pag thin 72 hours o write RURAL and give nearest town) DOLL e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS NO K Middle Month NAME OF DATE Lost Doy DECEASED DEATH 19 JRAC F (Type ar print) IF UNDER 24 HRS 9. AGE (In years YFAR IF UNDER S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH please remove (b)tethdoy) Doys Months Hours inony WIDOWED DIVORCED KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. (County & Stote, ar foreign cauntry) INDUSTRY COUNTRY? during most of working life, even if retired) puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, en signed by the ottending buriol-tronsit permit. Th INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes af service 0 cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: M12/216 IMMEDIATE CAUSE (a) DUE TO (6) METASTATIC CARCINOMA OF CERNIX burial, Canditians, if ony, which gave rise to immediate cause (o). DUE TO stoting the underlying cause attending os the prior to has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO 'O FUNERAL DIRECTOR: After this certificate be retained by the hospitol or for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) 20c. TIME OF INJURY Manth, Day, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (I) (this haspital) attended the deceosed fram 21 saw the deceased alive an_ ULV 220. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c: PHYSICIAN'S NAME (Type) director, should b 23b. DATE THEREOF 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 2So. REC'D 24. FUNERAL DIRECTOR ADDRESS BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 DATE

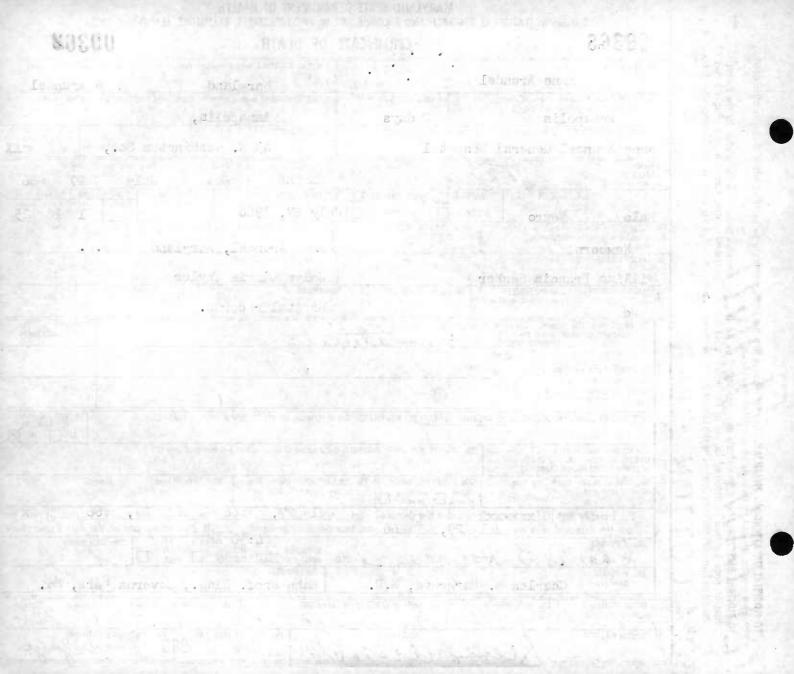
Garage Control 11 - 13

00,00		ACTION S	4.9000
	a plant next		simple mean
Carlo Mu	ic . unn +ocfes ₹30 -	N. coll	.auma .urlan We
			Armed Scanner Star
	La Charle March State		
			Риман в мигон
	Continued the stage belonging		
			San Ann
		atming - T	to attend on the co

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09365 CERTIFICATE OF DEATH the death certificate be executed within 24 haurs after death death and campletely filled in by the funeral remove carbon papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN carporate limits, write RURAL and give nearest town) write RURAL and give negrest town) d STREET ADDRESS IS RESIDENCE ON A FARM2 d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) within 72 NO Month NAME OF First Middle 4. DATE Day Year DECEASED DEATH (Type or print) S SEX 9. AGE (In years AF UNDER 1 YEAR IF LINDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH birthdoy) Months Days Hours in any DIVORCED 10b. KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY COUNTRY 2 nsas FAR men 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval. 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give wor or dates of service) UNKNOWN crematian, 18. CAUSE OF DEATH (Enter only one cause per line far (g), (b), and (c).) INTERVAL BETWEEN transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY requires that signed by t burial-trans burial, crem IMMEDIATE CAUSE (a) be retained by the hospital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been the O HOSPITAL OR ATTENDING PHYSICIAN: The law 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health YES T NO jo 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH af detached (IF EITHER, NOTIFY MEDICAL EXAMINER) be filed with the State Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (Caunty) (State) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Nat While at wark July 1966, to 21. I certify that (I) (this haspital) attended the deceased from. rely 1966 that (I) (we) last uly 19 66, and that death accurred at 11:50 PM, fram causes and an the date stated above. saw the deceased alive an. 22a SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN" Page 4 may NAME (Type) 050 directar, shauld b NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 1966

The same 1381,0 THE RESERVE OF THE PROPERTY OF

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09366 09362 CERTIFICATE OF DEATH certificate be executed within 24 haurs after death. and campletely filled in by the funeral remove carban papers. Pages 1 apd 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY o. STATE h. COUNTY Anne Arundel MARYLAND Maryland Anne Arundel b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 2 days Annapolis. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Anne Arundel General Hospital 43 W. Washington St. . YES NO XX 3. NAME OF Middle Lost 4. DATE Doy Year DECEASED SESKER 29 19 66 July (Type or print DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS. S SEX 9. AGE (In years 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Months Hours 18 Doys July 27, 1966 WIDOWED DIVORCED Male Negro 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Anne Arundel, Maryland
14. MOTHER'S MAIDEN NAME U.S. Newborn 13. FATHER'S NAME en William Francis Sesker Jolyn Olivia Taylor 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no. or unknown) (If yes give wor or dotes of service permit. 0 Hospital records. No 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: reauires that the INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) far 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office blda., etc.) TO HOSPITAL OR ATTENDIN Page 4 may be retained by 21. I certify that (I) (this kospital) attended the deceased fram_ July 27, 1966 to July 29, 1966 that (1) (2) last saw the deceased alive an July 29. 19 66, and that death accurred at M, fram causes and an the date stated above. 22b. DATE SIGNED 220. SUGNATUR MED. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Hahn Prof. Bldg., Leverna Park. Md. Charles Hargrove, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



	09368				CERTIFICATI	OF DEAT	H		(1)	9364
	PLACE OF DEA!	TH					DENCE (Where			sidenca befora admissi
		ne Aru	ndel		MARYLAND	a. STATE	Md.	b. COU	AA	
	b. CITY OR TOWN	(if outside co	rporate limit	is,	c. LENGTH OF STAY IN 1b	c. CITY OR TO		rporata limits, writ	e RURAL and	giva naarest town)
	writa RURAL a	sville			7 weeks	S	evern			57.1
				f not in hospi	tal, give straat address)	d. STREET ADD				a. IS RESIDEN
	Vi 7.7	l	En an man 1	Name of the	- Uomo	Per 2	/ O Donol	dans Arro		ON A FAR
3.		Lwood M	First	MULSTH	Middle	Last	4. DATE	dson Ave		Day Yaar
	(Type or print)		Tax		77	Cla anoma n	OF DEAT	'н т	1	19. 19 66
5.	SEX	6. COLOR	R OR RACE	seph	NEVER MARRIED	Sherman B. DATE OF BIRTH		9. AGE (In years		
							44~	last birthday)		ays Hours Mir
10	Male USUAL OCCUPA		ite	WIDOWED IN	D OF BUSINESS OR INDUST	13 Jan. 1	(County & State	79 yrs.	12 CITI7	EN OF WHAT COUNT
do	one during most of	working lifa, a	van if ratire	d)	D OF BOSHALSS OR HADOS	NI II. BINITIPLACE	(County & State,	or toleigh country,		
12	Florist				Retired	Vir	ginia		1	SA
13.	FATHER'S NAME					14. MOTHER'S MA	IDEN NAME			
		Alaman	S	herman			Mary Li	ndamond		
15. (Ye	was DECEASED	EVER IN U.S. A (If yes give was	ARMED FOR rordates of si	CES? 16. Searvica)	OCIAL SECURITY NO. 17.	INFORMANT		Addras	s	
	No			57	9-40-3276 o for (a), (b), and (c).]	Elmer L.	Sherman	. same a	s 2	
								THE RESIDEN		INTERVAL BETWEEN
	PART I DEA	ATH WAS CAL	USED BY.							
	TAKI LI DEF	IMMEDIATE	CAUSE (a)	#27	erio-sel	erotic c	orona	my h	art	
	420	IMMEDIATE	CAUSE (a)_ DUE TO			erotic c	orona	ry k	art	
	Conditions, if a	ny, which	CAUSE (a)		erio-sel	crotic c	provo	ery h	art	3 years
	Conditions, if a gave risa to imme	ny, which	DUE TO			crotic c	orono	rry he	art	
	Conditions, if a	ny, which	DUE TO			erotic c	orono	rry h	art	
NC	Conditions, if a gave risa to imme (a), stating tha causa last.	ny, which ediate causa underlying	DUE TO (b) DUE TO (c)	C						3 years
ATION	Conditions, if a gave risa to imme (a), stating tha causa last.	ny, which ediate causa underlying	DUE TO (b) DUE TO (c)	C	disease					3 years
IFICATION	Conditions, if a gave rise to imme (a), stating the cause last. PART II. OTH	ny, which ediate causa underlying HER SIGNIFICA	DUE TO (b) DUE TO (c) ANT CONDIT	TIONS CONT	disease	OT RELATED TO THE T	FERMINAL DISEAS	SE CONDITION GI		3 years (a) 19. WAS AUTOF PERFORMED
CERTIFICATION	Conditions, if a gave rise to imme (a), stating the cause last. PART II. OTH	ny, which adiate causa underlying HER SIGNIFICA	DUE TO (b) DUE TO (c) ANT CONDITION OF DEATH	TIONS CONT	disease RIBUTING TO DEATH BUT N	OT RELATED TO THE T	FERMINAL DISEAS	SE CONDITION GI		3 years (a) 19. WAS AUTOF PERFORMED
	Conditions, if a gave risa to imme (a), stating tha causa last. PART II. OTH 20a. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI	IMMEDIATE ny, which ediate causa underlying HER SIGNIFICA WAS UNDERL G	DUE TO (b) DUE TO (c) (c) VING OF DEATH EXAMINER)	TIONS CONT	di Jease RIBUTING TO DEATH BUT N RIBE HOW INJURY OCCUR	OT RELATED TO THE T	ERMINAL DISEAS	E CONDITION GI	VEN IN PART 1	3 years (a) 19. WAS AUTOF PERFORMED YES NO
CAL	Conditions, if a gave risa to imme (a), stating tha causa last. PART II. OTHER TO THE CONTRIBUTION OF CONTRIBUTION	IMMEDIATE ny, which ediate causa underlying HER SIGNIFICA WAS UNDERL IG CAUSE FY MEDICAL I	DUE TO (b) DUE TO (c) ANT CONDITION OF DEATH EXAMINER) oth, Day, Yai	20b. DESC	RIBUTING TO DEATH BUT N RIBE HOW INJURY OCCUR UJURY OCCURRED 200. PL Not Whila 56	OT RELATED TO THE T	ERMINAL DISEAS jury in Part I or Part a, farm, † 20f. (C	SE CONDITION GI		3 years (a) 19. WAS AUTOF PERFORMED YES NO
	Conditions, if a gave risa to imme (a), stating tha causa last. PART II. OTH 20a. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI Hour a.m. p.m.	IMMEDIATE ny, which ediate causa underlying HER SIGNIFICA WAS UNDERL G	DUE TO (b) DUE TO (c) ANT CONDIT YING OF DEATH EXAMINER 19	20b. DESC	RIBUTING TO DEATH BUT N RIBE HOW INJURY OCCUR BURY OCCURRED 20e. PL Not Whila at work 120 cm. Pl	OT RELATED TO THE T RED. (Enter nature of in ACE OF INJURY (Homelory, streat, office blds	iury in Part I or Po jury in farm, 20f. (C	art II of item 18.) Lity or town)	VEN IN PART 1	3 years 19. WAS AUTOF PERFORMED YES NO
CAL	Conditions, if a gave risa to imme (a), stating tha causa last. PART II. OTH 20a. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI) 20c. TIME OF IN Hour a.m p.m 21. 1 certify	IMMEDIATE ny, which ediate causa underlying HER SIGNIFICA WAS UNDERL GG CAUSE FY MEDICAL UURY Mon that (I) (t)	DUE TO (b) DUE TO (c) ANT CONDIT YING OF DEATH EXAMINER 19 his hospit	20b. DESC ar 20d. IN While at work	RIBUTING TO DEATH BUT N RIBE HOW INJURY OCCUR BURY OCCURRED 20e. Pl So Whila at work 10 fa and work 10 fa and the deceased from	OT RELATED TO THE T RED. (Enter nature of in ACE OF INJURY (Homelory, streat, office blds	jury in Part I or Part I o	art II of item 18.) Lity or town)	VEN IN PART 1 (Count	3 years 3 years
CAL	Conditions, if a gave risa to imme (a), stating tha causa last. PART II. OTH 20a. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI) 20c. TIME OF IN Hour a.m. p.m. 21. 1 certify saw the dece	IMMEDIATE Iny, which bediate causa underlying HER SIGNIFICA WAS UNDERL IG CAUSE FY MEDICAL UURY Mon Interpretation That (I) (†I) passed alive	DUE TO (b) DUE TO (c) ANT CONDIT YING OF DEATH EXAMINER 19 his hospit	20b. DESC ar 20d. IN While at work	RIBUTING TO DEATH BUT N RIBE HOW INJURY OCCUR BURY OCCURRED 20e. PL Not Whila at work 120 cm. Pl	OT RELATED TO THE T RED. (Enter nature of in ACE OF INJURY (Homelory, streat, office blds	jury in Part I or Part I o	art II of item 18.) Lity or town)	VEN IN PART 1 (Count	3 years (a) 19. WAS AUTOF PERFORMED YES NO (Stata) (A, that (I) (we) to date stated about
CAL	Conditions, if a gave risa to imme (a), stating tha cause last. PART II. OTH 20a. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI) 20c. TIME OF IN Hour a.m. p.m. 21. 1 certify saw the dece 22a. SIGNATUR	IMMEDIATE Iny, which ediate causa underlying HER SIGNIFICA WAS UNDERL IG CAUSE FY MEDICAL UURY Mon Interpretation That (I) (till passed alive E	DUE TO (b) DUE TO (c) ANT CONDITION OF DEATH EXAMINER) on, Yan 19 his hospit on	20b. DESC ar 20d. IN While at work	RIBUTING TO DEATH BUT N RIBE HOW INJURY OCCUR BURY OCCURRED 20e. PI But Work 1 fa at work 1 fa	OT RELATED TO THE TREE. (Enter nature of in ACE OF INJURY (Hometory, street, office blds)	iury in Pert I or P. a, farm, 20f. (Cl., etc.), 1900, t	art II of item 18.) Lity or town) O Arching. om the causes	VEN IN PART 1 (Count	3 years 19. WAS AUTOF PERFORMED YES NO No
CAL	Conditions, if a gave risa to imme (a), stating tha causa last. PART II. OTH 20a. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI) 20c. TIME OF IN Hour a.m. p.m. 21. 1 certify saw the dece 22a. SIGNATUR	IMMEDIATE ny, which bediate causa underlying HER SIGNIFICA WAS UNDERL GG CAUSE FY MEDICAL UURY Mon that (I) (til based alive E	DUE TO (b) DUE TO (c) ANT CONDITION OF DEATH EXAMINER) on, Yan 19 his hospit on	20b. DESC ar 20d. IN While at work	RIBUTING TO DEATH BUT N RIBE HOW INJURY OCCUR BURY OCCURRED to the service of the deceased from the service of the ser	OT RELATED TO THE TREE. (Enter nature of in ACE OF INJURY (Hometory, street, office blds) 3. — 7. If death occurred M.D. ATTENDING PHYS.	jury in Pert I or P. a, farm, 20f. (Community of the community of the comm	art II of item 18.) Lity or town) O	VEN IN PART 1 (Count	3 years (a) 19. WAS AUTOF PERFORMED YES NO (b) (State No 22b. DA)
CAL	Conditions, if a gave risa to imme (a), stating tha cause last. PART II. OTH 20a. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI) 20c. TIME OF IN Hour a.m. p.m. 21. I certify saw the dece 22a. SIGNATUR	IMMEDIATE Iny, which bediate causa underlying HER SIGNIFICA WAS UNDERL IG CAUSE FY MEDICAL UURY Mon Interpretation That (I) (till passed alive E UTS	DUE TO (b) DUE TO (c) UNT CONDITION OF DEATH EXAMINER) OH, Day, Yan On	20b. DESC 20b. DESC ar 20d. IN While at work	RIBUTING TO DEATH BUT N RIBE HOW INJURY OCCUR BURY OCCURRED 20e. PL fe 20 the deceased from 19.66, and the	OT RELATED TO THE TERED. (Enter nature of in ACE OF INJURY (Homotory, streat, office blds and the death occurred ATTENDING PHYS. ATTENDING PHYS. 22d. ADDRESS	jury in Part I or Post, farm, 20f. (Con., etc.)	art II of item 18.) City or town) o	(Count (count (count (count (count (count (count (count (count (count (count (count (count (count (count (count (count (count (c	3 years (a) 19. WAS AUTOF PERFORMED YES NO (b) (Stata No. 1) (we) o date stated about 22b. DA's Luly 21 196
MEDICAL	Conditions, if a gave risa to imme (a), stating tha causa last. PART II. OTH 20a. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI) 20c. TIME OF IN Hour a.m. p.m. 21. 1 certify saw the dece 22a. SIGNATUR 22c. PHYSICIAN NAME (Typ.	IMMEDIATE ny, which ediate causa underlying HER SIGNIFICA WAS UNDERL IG CAUSE FY MEDICAL UJURY Mon that (I) (till passed alive E LTS PPa) Rob	DUE TO (b) DUE TO (c) WINT CONDITION OF DEATH EXAMINER 19 his hospit on	20b. DESC 20b. DESC ar 20d. IN While al work (al) attended	RIBUTING TO DEATH BUT N RIBE HOW INJURY OCCUR UJURY OCCURRED to fee to the deceased from the decease	ACE OF INJURY (Homotory, street, office blds 37	jury in Pert I or P. a, farm, 20f. (Co., etc.) MED. DIRECTOR ain High	art II of item 18.) City or town) O	(Count (Count 19, 19, and on the	3 years (a) 19. WAS AUTOF PERFORMED YES NO (Stata No. 22b. DA. 22b. DA. 24 1993 Luy 21 1993 urnie, Md.
MEDICAL	Conditions, if a gave risa to imme (a), stating tha causa last. PART II. OTH 20a. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI) 20c. TIME OF IN Hour a.m. p.m. 21. 1 certify saw the dece 22a. SIGNATUR 22c. PHYSICIAN NAME (Ty)	IMMEDIATE Iny, which bediate causa underlying HER SIGNIFICA WAS UNDERL IG CAUSE FY MEDICAL UURY Mon In. that (I) (the cause of the cause of t	DUE TO (b) DUE TO (c) WIT CONDITION OF DEATH EXAMINER 19 his hospit on	20b. DESC 20b. DESC ar 20d. IN While al work (al) attended	RIBUTING TO DEATH BUT N RIBE HOW INJURY OCCUR BURY OCCURRED 20e. PL fe 20 the deceased from 19.66, and the	ACE OF INJURY (Homotory, street, office blds 37	jury in Pert I or P. a, farm, 20f. (Co., etc.) MED. DIRECTOR ain High	art II of item 18.) City or town) o	(Count (Count 19, 19, and on the	3 years (a) 19. WAS AUTOF PERFORMED YES NO (Stata No. 22b. DA. SIG Lurnie, Md.
MEDICAL	Conditions, if a gave risa to imme (a), stating tha causa last. PART II. OTH 20a. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI) 20c. TIME OF IN Hour a.m. p.m. 21. 1 certify saw the dece 22a. SIGNATUR 22c. PHYSICIAN NAME (Typ.	IMMEDIATE Iny, which ediate causa underlying HER SIGNIFICA WAS UNDERL IG CAUSE FY MEDICAL UURY Mon I. Ithat (I) (t) Passed alive E ATION, 23b. ffy)	DUE TO (b) DUE TO (c) WIT CONDITION OF DEATH EXAMINER 19 his hospit on	20b. DESC 20b. DESC ar 20d. IN While al work tal) attended	RIBUTING TO DEATH BUT N RIBE HOW INJURY OCCUR BURY OCCURRED 20e. Pl To Whila at work 10 fa and the deceased from 19.66., and the 23c. NAME OF CEMETERY	ACE OF INJURY (Homotory, street, office blds, and death occurred ATTENDING PHYS. 22d. ADDRESS 4,00 Cr	erminal diseas jury in Pert I or P. a, farm, 20f. (C. b, etc.) 20f. (C. mathematical diseases mathematical di	art II of item 18.) City or town) O	(County)	3 years (a) 19. WAS AUTOF PERFORMED YES NO (Stata) (Stata)
WEDICAL MEDICAL	Conditions, if a gave risa to imme (a), stating tha causa last. PART II. OTH 20a. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI) 20c. TIME OF IN Hour a.m. p.m. 21. I certify saw the dece 22a. SIGNATUR 22c. PHYSICIAN NAME (Tyr.) a. BURIAL, CREMAREMOVAL (Speci	IMMEDIATE Iny, which bediate causa underlying HER SIGNIFICA WAS UNDERL IG CAUSE FY MEDICAL UURY Mon Interpretation That (I) (till beased alive E ATION, 23b. fy) 2	DUE TO (b) DUE TO (c) OF DEATH EXAMINER) OH, Day, Yan OH, Day OH, Day	20b. DESC 20b. DESC ar 20d. IN While al work tal) attended	RIBUTING TO DEATH BUT N RIBE HOW INJURY OCCUR BURY OCCURRED 20e. Pl To Whila at work 10 fa and the deceased from 19.66., and the 23c. NAME OF CEMETERY	ACE OF INJURY (Homotory, streat, office blds, and the death occurred ATTENDING PHYS. 22d. ADDRESS 4,00 Cr	erminal diseas jury in Pert I or P. a, farm, 20f. (C. b, etc.) 20f. (C. mathematical diseases mathematical di	art II of item 18.) City or town) O	(County)	3 years (a) 19. WAS AUTOF PERFORMED YES NO (Stata) (Stata)

	Y	

agevel affine fit

And the file of Linear land the same that the same took

Tolo Tolog and Et Tolog and Et Tolog and the Colog

and the state of t

troubuil vist

System of the contract of the

교회관등 교급 중국(상) 전, 그는 그 그 사이지 보이면 되었다고 있다. 이 그들이 달라면도 되었다.

Surial Co., 11.

	It 	ems 18-2	21 Film 30 Division of STATIS	SO 9-2. TICAL RESE	MÁRYEAND ST ARCH AND RECO	ATE DE RDS, 30	PARTMENT OF H I W. PRESTON STR	EALTH EET, BALTIMORE,	MARYLAND :	21201	
ATE .		09369		MED	ICAL EXAMI	NER'S	CERTIFICATE C	F DEATH		0936	35
rs after death.		PLACE OF DEATH	NDEL COUNT	Y	MAR	YLAND	2. USUAL RESIDENCE (0. STATE Maryland		if institution: Res b. COUNTY A. Arus		odmission)
after death.		b. CITY OR TOWN (I	If outside corporote limit give neorest town) reek Gley AL OR INSTITUTION (If r	ts,	c. LENGTH OF STAY		c. CITY OR TOWN (If or	stside corporote limits,	write RURAL ond	give neorest t	- /
00		o. Hanc at hastin	AC OK INSTITUTION (II I	ioi iii nospiioi,	give sileer oddressy			ine Drive			IS RESIDENCE ON A FARM? S NO X
		NAME OF DECEASED (Type or print)		irst LLY	Middle ANNE		TARLETON	4. DATE OF DEATH	Month 7	Doy 26	Year 19 66
	S.	sex emale	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIE		8. DATE OF BIRTH July 18.	9. AGE (In lost bir 28	yeors IF UNI thdoy) Month yrs.		Hours Min.
	dur	ng most of working Housewi	(Give kind of work don life, even if retired) fe	11	IND OF BUSINESS OR NDUSTRY WN Home		11. BIRTHPLACE (Stote	or foreign country)	12	COUNTRY?	/HAT
		FATHER'S NAME Cl	arence Tro	ut			14. MOTHER'S MAIDEN				
allo 'ioa	1S. (Ye	WAS DECEASED EVE	R IN U.S. ARMED FORCES' (If yes give wor or dotes	1 16.	SOCIAL SECURITY NO.		mes R. Tarl		Address		
		18. CAUSE OF DE	EATH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE		(o), (b), ond (c).) Drowning						AL BETWEEN AND DEATH
		Conditions, if ony,	X DU which gove)	(b)							
		rise to immediate stating the under lost.		(c)							
2	ATION						THE TERMINAL DISEASE CO		, ,	YES	
	CERTIFICATION	20o. EXTERNAL CAI PRIMARY 2 or CON CAUSE OF DEATH.	USE WAS VTRIBUTING	20h. D	ESCRIBE HOW INJURY COUNTY OF THE PROPERTY OF T	ccurred.	(Enter poture of injury in Marley Cla, Glen Bu	Port I or Port II of iter reek, just rnie. [Wa	t below	Sunn	ybrook ted for
	MEDICAL	20c. TIME OF INJU Hour o.m	7 7 10	66 While	NJURY OCCURRED LC.	20el FLA	OF INJURY (Holle, Famory, street, office bldg., etc.	Marley		AA	Md(Stote) Md.
		21. I certify death result	/ \		mains described a	bave, he	ld an Autapsy 💢, ide 🔼 , Hamicide	Inspection,	Inquiry [], and in	n my apinian
		ACTUAL	1710	UN	1124		CHIEF MEDICAL		inea manner	22.	DATE SIGNED
2		EXAMINER'S NAME (Type)	RUDIGER BR	ETTENEC	CKER, M.D.		DEPUTY MEDICA)	7-	-27-66
	230	BURIAL, CREMATIO REMOVAL (Specify) Burial	N. 23b. DATE TH	IEREOF	23c. NAME OF CEM		CREMATORY	23d. LOCATION (C	ity or Town)	(County)	(Stote)
	24	FUNERAL DIRECTOR	Funoral Ho				2So. REC'I		25b. REGISTRAR	'S SIGNATURE	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09370 deoth. requires that the deoth certificate be executed within 24 haurs after death and completely filled in by the funeral remove corbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. STMEaryland a. COUNTY Anne Arundel b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Crownsville c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Baltimore 8mos. 3 days d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 1 W. Franklin St. Crownsville State Hospital YES NO X 3. NAME OF Middle 4 DATE Doy Year DECEASED Taylor 1966 (Type or print) 3-#30510 J. Gordon DEATH 9. AGE (In years IF UNDER 24 HRS IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Hours Male White WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar foreign country) 12. CITIZEN OF WHAT Retired - Bookkeeper INDUSTRY McDowells Rug 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the ottending pheurial-transit permit. Then burial, cremotion, or remov Margaret Taylor Phillip 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknawn) (If yes give wor ar dates af service) 218-05-1396 Hospital Records 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: Infarctive Myocardial Figrosis with Calcification and Death IMMEDIATE CAUSE (a) DUE TO Coronary Arteriosclerosis Canditians, if ony, which gove rise ta immediate cause (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate hos been the 19. WAS AUTOPSY PERFORMED?

YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION Obesity. Adherent Pericardium 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED (Caunty) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20e, PLACE OF INJURY (Hame, form, (City or tawn) Haur a.m. While Not While at work factory, street, affice bldg., etc.) TO HOSPITAL OR ATTENDING Page 4 moy be retoined by the , 1965 , ta , 1966, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram____ 10/14 1966, and that death accurred at 6 A. M, fram causes and an the date stated above saw the deceased alive of 22b. DATE SIGNED 22o, SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. X 7/7/66 M.D. 22d. ADDRESS 22c. PHYSICIAN'S Benedict. M. D. Crownsville State Hospital, Maryland NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Tawn) (Caunty) (Stote) 23o. BURIAL, CREMATION REMOVAL (Specify) 7/11/1966 Parkwood Ceme terv Baltimore, Maryland 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4)

The state of the s of the resemble of the constant of the constan water and the Entrack Englisher Total - 1-54 ALIENSE STREET STREET Marketing Territor at the William of Property and Control of the

the result of the result of the second		
	30 (31A)(SU23)	A Secretary
		And Laberge Come
	ne place of the control of the contr	estimates
	The state of the state of	
		omes A.E.M.
F80:		
		75 ac 2
		dianoliti
	gent vert is to accompany	
		The state of the s
		Waterbook at 10 years 1
	ar	and the state of
	THE PROPERTY OF	nettini ing

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death physician and campletely filled in by the funeral en please remaye carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY a. STATE MRUNDEL after MARYLAND b-CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) give negrest town) IS RESIDENCE ON A FARM? NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS within / YES NO NAME OF First Middle Lost DATE Month Day Year DECEASED OBIN 1966 dul (Type or print DEATH IF UNDER YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours WHOTE WIDOWED DIVORCED 12, CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) = most of wanking life, even if refred LOWA INTING SOFAEMDER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phys WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no or unknown) (If yes give war or dates of service ar crematian. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by DUE TO burial Conditions, if any, which gave rise to immediate cause (a). DUF TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been the priar ta last WAS AUTOPS' PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use Health NO YES the haspital ar PHYSICIAN: far 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work of work 21. I certify that (1) (this hospital) attended the deceased fram. be retained should saw the deceased alive an 19 66, and that death accurred at 3/410 M. From causes and an the date stated above 22b. DATE SIGNED 22o. SIGNATURE 凶 30 M.D. DIRECTOR PHYS. PHYS page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, shauld 23o. BURIAL, CREMATION DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) EAVEN UZ72 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 1966

\$ 1				\$79.10
				Arrana au
	i,			
	supil car		Int	geo farenel feligini, ensu
	Sant Sant Sant Sant Sant Sant Sant Sant Sant	and the second	herr.	eached place
	,		c	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH deofh. requires that the death certificate be executed within 24 haurs after death physician and completely filled in by the funeral in please remove carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Anne Arundel General Hospital 907 Monroe St. YES 🗍 NO DA 3. NAME OF Middle 4. DATE First Last Manth Dov Year DECEASED William TRAUTMAN July 66 Oscar 19 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED last hirthdoy) Months Dovs Hours White Male Sept. 1, 1888 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work dane 12. CITIZEN OF WHAT 10h KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) duma most at warking life, even if retired)

13. FATHER'S NAME INDOSTRY GOUMT. COUNTRY? Pennsylaania 14. MOTHER'S MAIDEN NAME JEORGE WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, ng, arunknawn) (If yes give war ar dates af service) 121-22 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUF TO stoting the underlying couse has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO O FUNERAL DIRECTOR: After this certificate far 20g ACCIDENT WAS UNDERLYING [7] 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) the haspital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, affice bldg., etc.) Nat While at work 1966 ta July 24, 19 66 that (1) 106) last 21. I certify that (I) (this hospital) attended the deceased from Jung 29 O HOSPITAL OR ATTEND Page 4 may be retained saw the depeased glive on July 24, 1966, and that death occurred of M, from causes and on the date stated above. 5:00 MED. DIRECTOR 22b. DATE SIGNED 220. XX PHYS PHYS. 73 Franklin St., Annapolis, Md. Edward S. Beck, M.D. NAME (Type) director, 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) (County) ILL CREST Lem. NNAPOLIS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE HN M. TAYLOR SONS ANWAPOLIE 1966

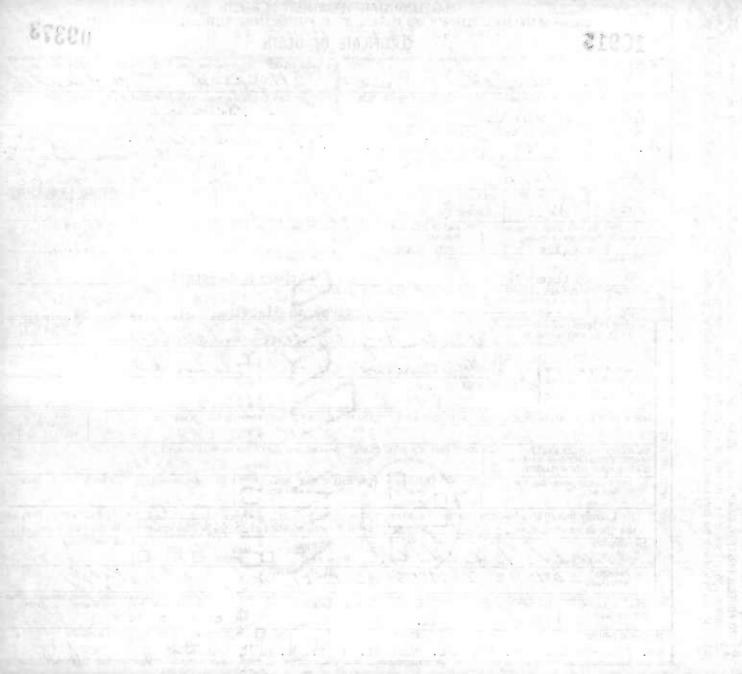
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09375 CERTIFICATE OF DEATH certificate be executed within 24 haurs after death. campletely filled in by the funeral area carban papers. Pages 1 and y event, within 72 haurs after lead PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Anne Arundel Maryland Sine Arundel MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) Rural - Lothian Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rt. 2 Anne Arundel General Hospital YES 🗍 NO X 3. NAME OF Middle 4. DATE Lost Manth Day Year DECEASED OF 29 19 66 July Trent Leoney Rebecca (Type or print) IF UNDER 24 HRS. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR NEVER MARRIED remave Months last Days Hours February 22,1887 White X DIVORCED Female WIDOWED and 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign cauntry) 12. CITIZEN OF WHAT Own Home COUNTRY ease during most of working life, even if retired)
Housewife the attending physician sit permit. Then please pup Notth Carolina 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME or removal Sarie Jackson Ennick Guy 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Box 25 A 16. SOCIAL SECURITY NO The law requires that the death (Yes, na, or unknown) (If yes give war ar dates of service Harwood . Md. Virginia C. Widner none INJERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ENSET AND DEATH attending physician. DUF TO burial, eater Conditions, if ony, which gave rise ta immediate couse (a), DUE TO stating the underlying couse prior to the has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) use CERTIFICATION YES [] NO X FUNERAL DIRECTOR: After this certificate be retained by the haspital ar for 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur o.m. Not While foctory, street, office bldg., etc.) State 19 66 to July 28, 1966, that (1) (we) lost 21. I certify that (1) (this has print) oftended the deceased from. 19 66, and that death occurred at AM, from couses and on the date stated above saw the deceased alive an July 28 22g. SIGNATUR DATE SIGNED ATTENDING STAFF director, page 3 shauld be filed v M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS PHYSICIAN'S Page 4 may Willard Smith, M.D. Shadyside, Md. NAME (Type) 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 0 Buria Gedar Bluff Annapolis REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) AUG 1955 20 M 1/66 West St. Hopping Funeral Home Annapolis

03371			Application and a second
2000			
Indiana no a	Maryland		Lefturia ento
	Tural - Lotatan		ea Tohoura
	.18	LE LENSER P	Living Labourg can.
30 ES	vin. fmeri	# Lucion 1	Venosil
	Teolinery 22, 1007 co	4 4	etids elemen
.8.3	mullous midol		
	Action is the		all talens
	ine in the contract of the con	tanti	
25.7	Lujaneras		
	was to be well to the	المرازان	47
	, 3		
A	Service Control		Williams / Jensey Co.
LINE W	7 y	100	10000
	the other and		
			AND DESCRIPTION OF THE PROPERTY OF THE PROPERT

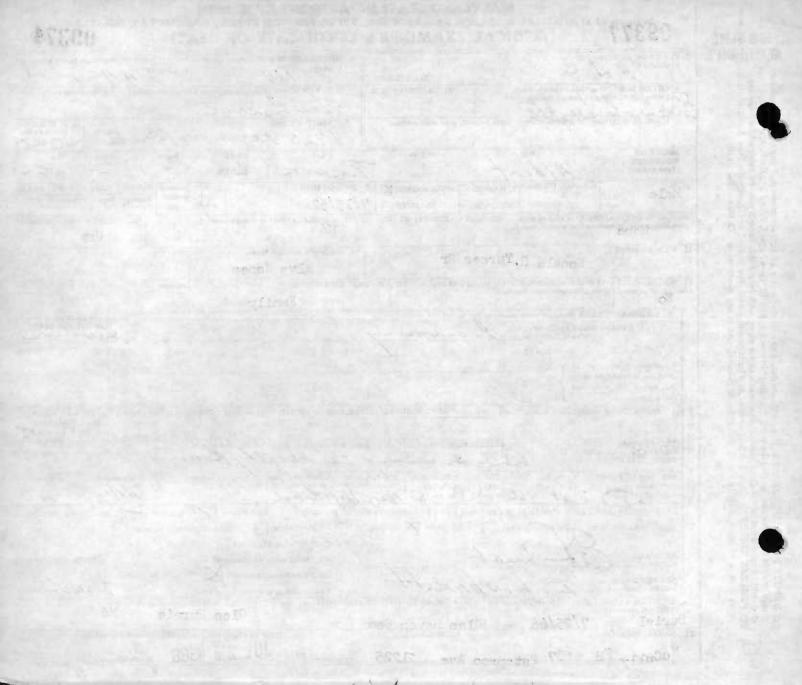
=	09376 CERTIFICAT	E OF DEATH	13376
1	a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: F a. STATE b. COUNTY	(esidence before admission)
	Anne Arundel MARYLAND	Maryland Anne	Arundel
ı	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
L	Bristol	Bristol	0.2-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
	(Type or print) VERNON	DPATH.	19 66
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years FUNDER last birthday) Months	A A EVD ITE HINDED 34 FIDE
	Male White WIDOWED DIVORCED	April 14. 1920 46 yrs.	
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. C	ITIZEN OF WHAT OUNTRY?
	Carpenter Construction	Drury, A.A., Co. Md.	USA
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Clarence Tucker	Estelle Dove	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
	(Yes, no, or unknown) (If yes give war or dates of service) 218-14-3524 M1	s. Hazel Tucker, Briston, Ma	ryland
2.5	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	and Clinens	ONSET AND DEATH
Ì	1440/ IMMEDIATE CAUSE (a) COYENAMY	and processes	more
	Conditions if any which \		Jours
	gave rise to immediate		7
	underlying across lock		THE PROPERTY OF
		ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
	8 (Parthal Vanuelas)	Troldon Non 1964	PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	CURRED, (Enter nature of Injury in Part I or Part II of Item 18	
	OR CONTRIBUTING CAUSE OF DEATH O (IF EITHER, NOTIFY MEDICAL EXAMINER)		
			unty) (State)
	Mulle - Not Mulle -	tory, street, office bldg., etc.)	
		3 m / 10/2 3 1 2 /hel 10/	6 that (1) (wa) look
	21. I certify that (I) (this hospital) attended the deceased from	at death occurred at 9: 30M, from the causes and on	the date stated above
	saw the deceased alive on 1900, and th		DATE SIGNED
	MXMX L	ATTENDING MED. STAFF 7	4/66
1	22c. Physician's M	D. PHYS. DIRECTOR PHYS. 122d. ADDRESS	1
	Robert B. Sasser	Upper Marlboro, Maryland	
1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE		ounty) (State)
	REMOVAL (Specify)		,
١	- I III V 5 1066 IMA W-		CoMa
	Purial July 5,1966 Mt. Harmony 24. FUNERAL DIRECTOR ADDRESS	Chr. Cemetery Owings Cal.	Co. Md.
	24. FUNERAL DIRECTOR ADDRESS ADDRESS Ownice	Chr. Cemetery Owings Cal. 25a. REC'D BY REGISTRAR 25b. REGISTRAR Md. DATE JUL 6 1966 ICLa	

Hynd galactic

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items 0.9 10915 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. and physician and campletely filled in by the funeral en please remave carban papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY MARYLAND C LENGTH OF STAY IN 16 c. CITY OR TOWN (If cotside corporate limits, write RURAL and give nearest town) TOWN (If outside corporate limits, RIJRAL and give-negrest town) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? (If not in haspital, give street oddress) YES NO IX within NAME OF Middle DATE Month Dov Year DECEASED 1966 (Type or print DEATH IF UNDER F UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years **NEVER MARRIED** hirthdoy Months Dovs Hours WIDOWED DIVORCED ne 12,1892 12. CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY and U.S.A Housewife Own Home Ttalv 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Catherine Constatino Matteeo Belli signed by the attending burial-transit permit. Th 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 78-50 Americanas Cir (Yes, no. or unknown) (If yes give war or dates of service 5 Catherine Giacolne crematian, Glen Burnie. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I, DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse as the has been lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES [NO TO FUNERAL DIRECTOR: After this certificate Po 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While of work 21. I certify that (I) (this haspital) attended the deceased fram. rine 1965 ta 14, 1966, that (1) (we) last be retained shauld quily 14 19 66, and that death accurred at 3:304 M, from causes and on the date stated above. saw the deceased alive on. 220 SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR director, page 3 shauld be filed PHYS. PHYSICIAN'S 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) St. John's Oueens, New York 7/18/66 Burial ADDRESS 24. FLINERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Wm. Cook-Brooks Inc. 1217 St. Paul St. Balt. Md PAIF



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH TH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY Health, a. STATE b. COUNTY Cessary MARYLAND CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 or. c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give hearest town) Your jo es 1, 2, and 3 to the funeral for Page 5 may be retained for your s 1 and 2 with the State Board of n 72 bours after death. d. NAME OF HOSPITAL OR USTITUTION (if not In hospital, give street eddress) IS RESIDENCE hours after death. If any dead 1925 rarmore brest ON A FARM? YES NO 3. NAME OF Middle Month DECEASED OF (Type or print) URNER DEATH 2/ 19 6 6. COLOS OR RACE 7. MARRIED NEVER MARRIED Male AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours Min. WIDOWED T DIVORCED YIS. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | Give Pages 1, 2, rm PM3. Page BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) Mo Usa pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ronald R. Turner Sr Alva Jones E event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yas, no, or unkown) (Ifyasglvawarordatasofservice) with any Family 18. CAUSE OF DEATH [Enter only one cause per fige for (a), (b), and (c).] " in pencil in It Office along burial-transit p INTERVAL BETWEEN 5 INSET AND DEATH PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) DUE TO removal Conditions, if eny, which (b) gave risa to immediata causa **(6)** DUE TO writing the word "pendin Chief Medical Examiner' age 3 should be used as (a), stating the underlying cremation, or cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED I 206. PLACE OF INJURY (Home, farm, Month, Day, Yaar 20f. (City or town) (County) (Stata) 0 factory, street, office bldg., etc.) While Not While the R. P. prior at work at work prwarded to t 21. I certify that I took charge of the remains described above held an Autopsy Inspection | Inquiry and in my opinion death resulted from: Natoral gauses Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL lease execute t should be for FUNERAL I ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) ₫40 g Glen Burnie 0 Burial Glen Haven Com 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME McCully. 5M 9/60 Patapsco Ave



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09375 09378 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death. death. and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) campletely filled in by the funeral nove carban papers. Pages 1 and 1. PLACE OF DEATH a. STATE Maryland a. COUNTY MARYIAND b. CITY OR TOWN (If outside torparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give pearest tawn Butnie ban papers. within 72 ha IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give streft address) d. STREET ADDRESS Hospita NO X 3. NAME OF Middle DATE Last Day Year DECEASED OF 19 66 13 (Type ar print) 1m11-DEATH du AGE (In years last birthday) IF UNDER 1 YEAR . IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH X NEVER MARRIED Manths Days Haurs WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BUTHPLACE (County & State, or foreign country), during mast af warking life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME Lewandowski 16. SOCIAL SECURITY NO 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates of service) wife ar 216-01-7723 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause has been the last. OS WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X O FUNERAL DIRECTOR: After this certificate be retained by the hospital ar for 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year (City ar tawn) (County) (State) Haur a.m. factory, street, affice bldg., etc.) While Nat While at wark . 19 66 that (1) (we) last 21. 1 certify that (I) (this haspital) attended the deceased fram. . 19 ____, ta 1966, and that death accurred at_ saw the deceased alive_an___ M, fram causes and on the date stated above. 6 22a. SIGNATURE 22b. DATE SIGNED ATTENDING directar, page 3 shauld be filed v M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) ross (emeter July 16,1966 Marylana FUNERAL DIRECTOR 2Sa REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 20 M 1/66 DATE V

5	1 # 224		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, N CERTIFICATE OF DEATH	MARYLAND 6
	after death. y the funeral ges 1 and 2 after death.	1.	PLACE DF DEATH a. COUNTY AA CO MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: I a. STATE b. COUNTY Md REPLACEMENT BELLETING BELLETIN	1
	ours afte in by the Pages hours afte		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL)	L and give nearest town)
	ithin 24 hours itely filled in by con papers. Pa within 72 hours		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Crownsville State Hosp 115 Brightside Ave	e. IS RESIDENCE ON A FARM? YES NO
	d windle carl ent,	3.	DeceaseD (Type or print) Dexter Ward Death July 7	Day Year 1966
	execute and cor remove any ev		Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED May 12,1902 8. DATE OF BIRTH May 12,1902 9. AGE (In years) If UNDER Months Months	Days Hours Min.
	be ase		Attendent Hosp Kentucky	CITIZEN OF WHAT COUNTRY? USA
	nding ph Then Then removal		Zack Ward Maggie Ridings	
	e death cert the attendin it permit. The nation, or rem		es, no, or unkown) (If yes give war or dates of service) No Family	
	es that the deat physician. signed by the at urial-transit pern urial, cramation,		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ONSET AND DEATH
	si si nr		Conditions, If any, which gave rise to Immediate cause (a), stating the DUE TO DUE TO Conditions, If any, which gave rise to Immediate cause (a), stating the DUE TO	5-6 years
	ICIAN: The law requir ospital or attending is certificate has been hed for use as the b t. of Health prior to b	CERTIFICATION	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	PHYSICIAN: the hospital this certifi detached fo te Dept. of H		20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	5.)
	JING PHYSIC d by the hos After this co d be detache State Dept.	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4 4 4 4 4 4 4 4 4	unty) (State)
	OR ATTENDING I be retained by the DIRECTOR: After ge 3 should be called with the State		saw the deceased alive on 5/3/ 19.66, and that death occurred at 945 TM, from the causes and on t	
	may be 1 RAL DIRE 7, page 3		220. Staffatore Attending Med. Staff Director Phys.	DATE SIGNED
	TO HOSPITAL OR ATTEN Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 shoul should be filed with th	238	NAME (Type) Sidney R. Gehlert 4700 Pennington-Baltimo	
	5 5 5 2 W		REMOVAL (Specify) Dirial 7/11/66 Clen Heven AA Co ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR	MD YS SIGNATURE
	VR AIS (4) W		McCully FH 237 Patapaco AVe 21225 DATE JUL 1 1 1966 gclu	arles Judge

	matically and a particular of the contract of	
		elitvemosi nitemusis
	115 Intelligeties for	oscil ateva nTZL
	C viet.	-10\-e'
200		ttening to the
	and the street	hreli fox
	THE PARTY OF THE P	617

tioney a. Gamilere A700 landingcon-Haltippes, M Tylen

274 . F AND PARK TO \$224.00

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09380 requires that the death certificate be executed within 24 haurs after death campletely filled in by the funeral ove carban papers. Pages Landy event, within 72 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Anne Arundel a. STATE b. COUNTY Baltimore City MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b 1 day Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Crownsville State Hospital 839 N. Eutaw St. YES NO X 3. NAME OF Middle DATE Manth Year 56 DECEASED (Type or print)3-#32621 Watson John DEATH IF UNDER 24 HRS. S. SEX YEAR 6. COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER NEVER MARRIED please remove pirthdoy) Months Hours 4/18/14 X and in any Male White WIDOWED DIVORCED physician and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during mast of warking life, even if retired) COUNTRYS A. INDUSTRY Pennsylvania Cook 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME removal, en Margaret Holliday John Watson by the attending ransit permit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT transit permit. (Yes, na, ar unknawn) (If yes give war ar dates of service) Hospital Records 935-1938 Unknown YES 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
Circulatory Collapse INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) 322 DUE TO Withdrawal Syndrome in Acute & Chronic Alcoholism Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Inanition NO X the haspital or for 20o. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CALISE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED (Stote) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) factory_street_office bldg., etc.) Not While at work 21. I certify that (I) (this bospital) attended the deceased fram 1966, that (I) (we) last . to Page 4 may be retained and that death occurred at 3 A.M. fram causes and on the date stated above shauld 11966 saw the deceased olive 22a. SIGNATURE 22b. DATE SIGNED X 7/12/66 M.D. DIRECTOR PHYS PHYS. director, page should be filed Crownsville State Hospital, Maryland 22c. PHYSICIAN'S NAME (Type) L. Benedict 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Strinore m A Onl 25a. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Williams Judge

Marie Contract				
09377				0/200
yd				Laming an
			1	Talenton T
	o . A mu	(7)		and the second second
		n. dill		是
				effor bic
			W 19 4	
		1191		moutet affi
			puony U	includes sen
		to) and desired and		
		mo and all loss	k is trust as load."	Carrier of the Carrie
				ACT TO SERVE THE SERVE SERVE
	X			
				um 4B × A

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09381 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death It filled in by the funeral van papers. Pages I and within 72 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. CAUNTY Arundel o. STATE b. COUNTY MARYLAND Maryland Baltimore City b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1mo. 13 Baltimore davs Crownsville e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS signed by the attending physician and campletely filled burial-transit permit. Then please remave carban pape Crownsville State Hospital 313 S. Duncan St. YES NOXX 3 NAME OF Middle 4. DATE Day DECEASED 1966 (Type or print 3-#32264 Casimer Wdzieczkowski DEATH 6. COLOR OR RACE 9. AGE (In years 7. MARRIED DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED please remave lost birthdoy) Months Days Hours SEPHIVORCED Aug. 22,1898 White Male any WIDOWED 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT = COUNTRY ! S.A. during most of working life, even if retired) INDUSTRY Poland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME orremava Joseph Wdzieczkowski Unknown WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, or unknown) (If yes give war ar dotes af service) Hospital Records Unknown crematian, CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO burial, Conditions, if ony, which gave rise to immediate couse (o), DUE TO attending p stating the underlying cause as the has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? Health TO HOSPITAL OR ATTENDING PHYSICIAN:
Page 4 may be retained by the hospital or
TO FUNERAL DIRECTOR: After this certificate CERTIFICATI YES NO far 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Haur a.m. foctory, street office bldg., etc.) Not While at wark 19.66 that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased from 19.66_ ta 7/14 shauld 19 66, and that death accurred at 1525 M, fram causes and an the date stated above saw the deceased alive 22a. SIGNATURE 22b. DATE SIGNED ATTENDING 7/14/66 M.D. DIRECTOR PHYS PHYS. be filed ^{22d.} ADDRESS Crownsville State Hospital,Maryla**nd** 22c. PHYSICIAN'S Benedict, M. D. NAME (Type) directar, shauld 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

16 1 10 11 Wineld: Talliette the sing stoment man Dalla Danie and Danie delen best beat of the way A series of the first of the fi THE RESERVE AND ADDRESS OF THE PARTY OF THE

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09379 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09382 FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Maryland Baltimore City Anne Arundel MARYLAND b. CITY OR TOWN (If autside carparate limits. c. CITY OR TOWN (If gutside carparate limits, write RURAL and give negrest tawn) c LENGTH OF STAY IN 1b pup write RURAL and give nearest tawn) P.M3. with the State Departh within 72 hayrs after ANNapolis Baltimore City d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENC ON A FARM? Office alang with farm NO W Item 18. Give Pages 1916 Crestview Rd 3. NAME OF Middle 4. DATE Year DECEASED VERNA MAE WEBER 19 66 July (Type or print) DEATH S SEX AGE (In years IF UNDER IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost, birthdoy) Months Hours haurs WIDOWED DIVORCED May 28, 1910 female white 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY housewife Harrisburg, Pa.

14. MOTHER'S MAIDEN NAME USA Examiner's own home 13. FATHER'S NAME pencil executed within Dallas Harris Alice Jones 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address ar remaval, Philip Weber - 240B Hillton Lane Annapolis none INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) certificate should e, writing the ward farwarded ta the Cl crematian, DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 0 00 burial, 19. WAS AUTOPS) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO certificate, p 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Dov. Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page ot work designated 21. I certify that Look charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion far Matural causes Accident . Suicide . Homicide | Undetermined magner director. death resulted from CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURI TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health (NAME (Type) Address (Street, city, town, or county) 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 50 REMOVAL (Specify)
Burial Baltimore National J111 . Cem. Baltimore REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Hopping liarles VR A15ME (5) 6M 1/66 Hopping Funeral Home - Annapolis.

A seminary

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. and signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) dea o. COUNTY o. STATE b. COUNTY MARYLAND TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITYLOR TOWN (If outside carparate limits, write RURAL and give nearest town) papers. Pag. thin 72 haurs c te RURAL and give nearest town) POLIS d. NAME OF HOSPITAL OR INSTITUTION (If not in hespital, give street address) IS RESIDENCE ON A FARM? within NO YES 3. NAME OF Middle 4. DATE Day Year DECEASED Go (Type or print) WEIDENBACK July 19 66 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** birthday) Manths Days Hours DIVORCED 10a. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of warking life, even if retired) COUNTRY 13. FATHER'S NAME remoyal AERTUER 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. INFORMAN (Yes, no, or unknown) (If yes give war or dates of service) 0 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO priar ta stating the underlying cause attending this certificate has been the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health DISEASE NO tar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING detached for the Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) Hour a.m. Nat While factory, street, office bldg., etc.) State | O FUNERAL DIRECTOR: After ot wark at wark 21. I certify that (1) (this shorpital) attended the deceased fram. be retained shauld saw the deceased alive an ond that death occurred at M. from couses and on the date stated above. 22b. DATE SIGNED DIRECTOR PHYS M.D. PHYS. 22d. ADDRESS Page 4 may PHYSICIAN'S NAME (Type) Edward S. Franklin St., Annapolis. Beck M.D Md. directar, shauld b **BURIAL, CREMATION** DATE THEREOF (State) (County) FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 DATE

* * - - 1 A A SENERAL HERPT 734 CENESEE SE MARGUERITE G. C. W 10-30-1892 73 HOME HOUSEWITE POTISVILLE, Pa. WISH EDWARD MILLER WILHELMINA HAERTHER Dopothy E MichEL CORONARY THROM BOSIS 34-15-16 10463 ACTERO SCHEROLDE HERRY DISCHES ARRINSON'S DISPARE Bir Bist 29-66 SchuyLKiLL HEM PORK SchuyLKill HAVER The Som in Interday auregate Mid.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09384 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY 2, and 3 ta PM3. Page D. A. CO. MARYLAND delay b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If autside corparate limits, write RURAL and give neorest town c. LENGTH DE STAY IN 16 fite RURAL and give neorest town) after Caforsulle. er DCKNIC d. NAME DF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d STREET ADDRESS Office alang with farm hours ON A FARM? BOOK, toL. 315 MELVIN D.D. A-NORTH . PRUNDE/-State in pencil in Item 18. Give Pages 3. NAME OF Middle 4. DATE Dov Year DECEASED 0F the 0 66 Marion 2 within (Type or print) DEATH with S. SEX AGE (In years 6. COLOR OR RACE IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country 12. CITIZEN DF WHAT during most of working life, even if retired) High School THOUNTRY Catonsville Md. the Chief Medical Examiner's Student 14 MOTHER'S MAIDEN NAME shauld be executed within 13. FATHER'S NAME Marion C. White Lottie Mae Matthews 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address removal, Lottie M. Lewis-315 A. Melvin Ave. 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: INSET AND DEATH or IMMEDIATE CAUSE (o) writing the word crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO This certificate stoting the underlying couse burial, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) please execute the certificate. NO X p 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) 3 should designated agent, priar AL EXAMINER: CAUSE OF DEATH. MEDICAL 20c. TIME DF INJURY Month, Doy, Year 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote Hour o.m. Not While foctory, street, office bldg., etc.) While FUNERAL DIRECTOR: Page far yaur ot work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 9 ond in my opinion death resulted from Accident Suicide | Natural causes Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** DEPUTY the funeral DEPUTY MEDICAL EXAMINER **EXAMINER'S** may Health NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION. 23d. LOCATION (City or Town) (County) (Stote) 0 Burial (Specify) Mount Auburn Cemetery Nutter-3035 North Ave. VR A15ME (5) 6M 1/66

After this certificate has been signed by the attending physician and campletely filled in Sed for use as the burial-transit permit. Then please remove carban papers. Pages 1 and

page 3 should be deached for use as the burial-transit permit. Then pleas the State Board of Health prior to burial, crematian, ar remaval, and in any

haspital ar attending physician

event within 72 haurs after death

M

09385

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09382

1	1. PLACE OF DEATH a. COUNTY	Anne Arundel	MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside a. STATE Maryland b. COUNTY Anne		
/	b. CITY OR TOWN (RURAL ond give no Annapo		Annapolis			URAL and give nearest tawn)
7		(Dead on arr el General Ho		d. STREET ADDRESS	port Terrace	e. IS RESIDENCE ON A FARM? YES NO K
3. NAME OF DECEASED (Type or print) Florence Middle		WHITTINGTON	4. DATE Mon OF DEATH Jul			
	5. SEX Female	White win	MARRIED NEVER MARRIED [March 21, 1	9. AGE (In years rthdoy) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Doys Haurs Min.
	House	ON (Give kind af wark dane king life, eyen if retired)	106. KIND OF BUSINESS OR IN	BALTO	Marylan	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME CHAR 15. WAS DECEASED EVE	hes B	urL	7. INFORMANT	"UNK" Add	
	(Yes, ng, or unknown)	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		Doris Mite	HELL #	2
		ATH [Enter anly one cause parth WAS CAUSED BY: IMMEDIATE CAUSE (o)	Altife Pull	nowany Ed	Emp	ONST AND DEATH
	Conditions, if o	mmediate (b)	Congestie	Hern't Frill	INE	1 weell
	couse (o), stoting lying couse last.	(c)	My pentens)	ve Arbeies	clenchi Hem	PRINTE 5 4323
0	ICATIC			ш		PERFORMED? YES NO.
		MEDICAL EXAMINER)		JRRED. (Enter nature of injury in		
	20c. TIME OF INJUR Haur a. m. p. m.	V	Vhile Nat while t wark at wark	 PLACE OF INJURY (Hame, form factory, street, affice bldg., etc. 	n, 20f. (City or tawn)	(County) (State)
	saw the decea	1/4 // 1	tended the deceased fro		oM, fram the causes an	nd an the date stated abave.
/	220. SIGNATURE	Junio 2	Codd		NED. STAFF PHYS	22b. DATE 7-3-66
	22c. PHYSICIAN'S NAME (Type)	Francis I.			VERNA PAN	il mid
	BURTAL	7-5-66	CEDAR	BLU 77	HUNAPO	Lis 19D.
	24. FUNGRAL DIRECTOR	S SIGNATURE	A DODRESS	1. 14.1 250. REC	D BY REGISTRAR 26. REGI	STRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be remained b VR A15 (4) 15M 9/59

SUSBO Housewife Home Balto CHARLES BURL Doris MitcHELL # 2 Canada Tratant, 200 BURTAL Y-5-46 CEDAR BLATF HUWAPOLIS MD. John M. Ly Thoo Aus Chungot Wel.

and the state of the state of 理論が見なる 塩石 まなん 11... present all or a Parcetta all to be about the facility of the contract of the party of the contract of t

interest of the second of the